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RESEARCH INITIATIVES ON HOMELESSNESS: INTERNATIONAL YEAR OF SHELTER FOR THE HOMELESS (IYSH)

Catherine Charette, editor

INSTITUTE of URBAN STUDIES

UNIVERSITY of WINNIPEG

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Catherine Charette

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INTRODUCTION

In February 1988, the Institute of Urban Studies hosted a two-day Canadian Housing and Urban Studies Conference. Conference sessions were conducted on such topics as urban policies, urban heritage, healthy cities, community economic development, housing and homelessness. The sessions on homelessness were timely, as the International Year for Shelter for the Homeless (IYSH), 1987, proclaimed by the United Nations, had recently come to a close.

Three papers presented at the sessions on homelessness are included in this volume. Each represents a research effort undertaken during IYSH. In the first paper, Oberlander and Fallick outline the scope and scale of homelessness in Canada and identify various types of approaches in addressing homelessness. In the second, Daly compares the types of health and housing-related initiatives which have been developed in Britain, Canada and the United States. In the final paper, McLaughlin outlines the National Inquiry on Homelessness undertaken by the Canadian Council on Social Development during IYSH. Although each paper has a different emphasis, a number of common points were contained within all three:

UNDERSTANDING THE PROBLEM

Homelessness Defined

Homelessness has now come to be accepted as more than simply the absence of shelter. For example, in designating IYSH, the United Nations defined homelessness to include both those who are street people and victims of disaster who have no homes at all (absolute homelessness), and those who have homes which do not meet the United Nations' basic standards (relative homelessness) of providing: adequate protection from the elements; access to safe water and sanitation; secure tenure and personal safety; and accessibility to employment, education and health care. With this definition in mind, Oberlander and Fallick formulate a definition for homelessness in Canada:

> the absence of a continuing or permanent *home* over which individuals and families have personal control and which provides the essential needs of shelter, privacy and security at an affordable cost, together with ready access to social, economic and cultural public services (p. 15).

Causes of Homelessness

In Canada, the main causes of homelessness are thought to be: poverty; inadequacies and inequities in the provision of social welfare; lack of affordable housing; unemployment; underemployment

and unemployability; lack of diversified community supports for the deinstitutionalized; and displacement occasioned by urban revitalization.

Numerical Estimates

Determining the actual number of homeless persons is difficult due to the nature of the problem and the varying definitions that can be used. While no reliable, accurate count of homeless persons in Canada currently exists, CCSD's figures are perhaps the most widely quoted: between 100 thousand (the number of beds provided to the homeless and destitute during 1986) and 130-250 thousand (those who do not have secure homes or whose housing is grossly inadequate).

Description of Homeless Persons

While the definition of homelessness has been broadened, homeless persons are now also more economically and socially diverse. In Canada, unlike some developing countries, the homeless are not a homogeneous group. Regional variations occur, and homelessness is increasing among a wide variety of groups: the seasonally, temporarily or chronically unemployed; the "new poor" whose economic marginality places them at risk; single-parent families, especially those led by women; older women and men living alone; youth; Natives; the deinstitutionalized; the physically disabled and the non-urban homeless.

ADDRESSING THE PROBLEM

Co-operative Partnerships

Any lasting solutions will combine the resources of all three levels of government in conjunction with volunteer and local charitable organizations, private industry and the homeless themselves. Solutions must be fully integrated with national and regional development strategies. Unfortunately, however, jurisdictional wrangling is occurring among the various levels of government, with the federal departments attempting to devolve responsibility to the provincial and municipal level.

Holistic, Long-Term Planning Approaches

Such approaches are necessary to ensure adequate delivery of housing, social, health, education, employment and other services to the diverse clients who are subject to regional disparities and differences. Currently, there is too much emphasis on short-term, housing-only solutions, particularly emergency shelters.

Increased Access to Services

The poor and the absolute homeless, in particular, have difficulty accessing existing services. This has been especially well-documented in the field of health care. Some recent outreach programs, however, have been successful in drawing the homeless into the social services system.

Self-Help Opportunities

Service providers and funders have come to perceive that the consumer of services must also become the producer. The homeless have also recognized that they must be involved in the planning, design, rehabilitation and/or management of their own housing solutions.

NOTE

While this volume contains three of the papers on homelessness presented at the Conference, it was not possible to include *all* papers. Some, for example, were not suitable for publishing as they were designed for an oral presentation only. Furthermore, during the time that has elapsed since these presentations were made, additional advances in research on homelessness have been made. Nevertheless, we trust that this volume will be useful in defining the nature and scope of the problems and suitable solutions.

Catherine Charette
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THE SEARCH FOR A STRUCTURED RESPONSE TO HOUSING THE HOMELESS

H. Peter Oberlander and Arthur Fallick*

INTRODUCTION

More than a decade ago, Canada played host to the world by inviting the United Nations Conference on Human Settlements (UNCHS) to convene in Vancouver for Habitat 1976. This was a turning point in the world community's attitude towards urbanization as the all-encompassing process of global change. Governments committed themselves to examining alternative policies and programs, and to anticipating and coping with the ravages of urbanization from shelter to infrastructure, land to transportation, public initiatives to private enterprise. Much has happened during the intervening decade, yet the scale and scope of human misery and frustration in living in the major metropolitan areas of the world has hardly diminished.

In this context, on September 29, 1980, H.E. Prime Minister Premadasa of Sri Lanka addressed the thirty-fifth session of the General Assembly of the United Nations:

> In the rush for development, urbanization has run out of control, spawning ugly slums and ghettos, depopulating rural areas and overcrowding conurbations. Urban poverty, congestion and squalor are problems common to many of our developing countries.
>
> It is said that as much as 20 percent of our people are seriously undernourished in the developing countries; 50 percent do not have safe water; 60 percent do not have proper health care; 20 percent of the babies die before they reach the age of 5.
>
> There are equally depressing figures for unemployment, education and other basic needs. Housing provides a key to the solution of several of these disabilities. The problem of housing is not confined to Sri Lanka. It is not a problem confined to Asia. It is a global problem.
>
> The replacement of shanties with decent housing is not a peripheral part of development. It is at the very core. It is an investment in mankind.

The Prime Minister proposed the declaration of a special International Year to be dedicated to the problems of the millions of people who are homeless or who live in shanties and substandard houses.

On December 4, 1981, at its thirty-sixth session, the General Assembly of the United Nations designated 1987 as the International Year of Shelter for the Homeless (IYSH), and requested that the Executive Director of UNCHS (Habitat) propose specific program measures and activities to be undertaken prior to and during the Year.

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*The authors undertook this study while at the Centre for Human Settlements at the University of British Columbia. Dr. H. Peter Oberlander is now Professor Emeritus in Community and Regional Planning and partner of Downs/Archambault & Partners, Architects and Planners, Vancouver. Dr. Fallick currently works in Vancouver as a planning and research consultant.

GOALS AND OBJECTIVES OF THE IYSH

The objectives and goals of the IYSH were formulated by the U.N. General Assembly in 1982. Four goals were identified:

- to secure the renewed political commitment of the international community to the improvement of the shelter and neighbourhoods of the poor and disadvantaged and to the provision of shelter for the homeless, particularly in the developing countries, as a matter of priority;
- to consolidate and share all new and existing knowledge and relevant experience gained since HABITAT '76, in order to provide a full range of tested and practical alternatives for improving the shelter and neighbourhoods of the poor and disadvantaged and for providing shelter for the homeless;
- to develop and demonstrate new approaches and methods to assist directly and augment the present efforts of the homeless, poor and disadvantaged to secure their own shelter, and in order to provide a basis for new national policies and strategies for improving shelter and neighbourhoods of the poor and disadvantaged by the year 2000; and
- to exchange experiences and provide support among countries to meet the objectives of the Year.

In support of these four goals, participating governments, including Canada, were encouraged to assess the situation and shelter needs of the poor and disadvantaged in their respective countries, and then actively improve the situation by:

- reviewing and adjusting existing policies and programs, with priority on the provision of shelter as a fundamental part of national economic and social development;
- developing and strengthening relevant legislation to improve conditions such as the access of the poor and disadvantaged to decent and affordable shelter;
- developing and strengthening relevant administrative and management capacities, especially at the subnational and local levels;
- developing and implementing shelter demonstration projects;
- undertaking and supporting extended programs of applied research;
- developing and disseminating information;
- generating the necessary human, material and financial resources; and
- ensuring effective public participation.

Three factors were considered crucial in developing effective programs of action toward the year 2000.

- "Shelter" must be recognized as being more than four walls and a roof; at the very least, adequate shelter must also involve security of tenure and occupation, and must ensure reasonable access to infrastructure, basic services and employment.
- Governments should recognize that "human settlements" cannot be regarded as merely a sectoral activity in national development plans; human settlements are the final product in terms of built/living environments of all sectoral activities.

- Action must involve full and effective participation of the poor and disadvantaged themselves, with activities primarily aimed at helping the poor to help themselves.

The basic objectives and goals of IYSH suggest that there will be constraints and opportunities in terms of:

- the political commitment that will be given to shelter;
- the policy-level commitment that will be given to creating the administrative framework that will allow an adequate approach to shelter problems on an integrated basis within the mainstream of development; and
- the testing, review, implementation and exchange of experience on solutions that optimize need and affordability.

GLOBAL CONDITIONS AND THE IYSH

Several statistics serve to illustrate the scale of existing and future urban problems that will soon face developing countries as well as developed countries, due to their increasing economic interdependence between the North and South.

By the year 2000, eight out of ten people will be living in developing countries. While the population of industrially developed nations will increase by 220 million by the year 2025, the population of developing countries is projected to grow by 3.1 billion in the same period. This population explosion will have the greatest impact in the poorer regions of the world; by the time their populations stabilize, sub-Saharan Africa and Southern Asia will account for 50 percent of the world's inhabitants.

These staggering projections will not affect all countries evenly; they will have a particular impact on the metropolitan conurbations of developing countries. In 1920, only 14 percent of the world's population lived in urban areas. By 1950, the proportion had increased to 25 percent, and, by 1980, to 40 percent. By the turn of the century, it is expected that 50 percent will live in urban areas. In numbers, the urban population of the world is projected to increase by 1.2 billion between 1980 and 2000, and, by the year 2025, there could be up to 4.7 billion people living in urban areas—nearly 3 billion more than in 1980. Once more, the bulk of this growth will take place in developing countries whose cities are growing three times faster than urban settlements in developed nations (World Commission on Environment and Development, 1987, p. 23).

Urbanization is the single most important process occurring in developing countries today. There is little doubt that cities and towns are going to be the focal points of sustained national development, or, if allowed to atrophy, dramatic social and economic decline. Economic and social progress in the countries of Africa, Asia and Latin America will depend largely on the development of their urban settlements. As in the developed world, cities in developing countries must intensify their roles as engines

of change and creators of wealth. They must generate the goods and services without which the future will indeed be bleak for future generations.

There is an important economic dimension to the provision of shelter and urban infrastructure. With an average of 50 percent of gross domestic product being generated in towns and cities, it is becoming increasingly clear that if settlements are inefficient and poorly managed, productivity will be reduced as well as national economic growth and development. These consequences will go beyond the economic sphere creating increasing political instability and frustration. Revolutionary changes and repeated political crises in the major cities of some of the recently independent countries are occurring fuelled by urban congestion, poverty and a sense of hopelessness about living and working in the metropolitan agglomerations.

The dimensions of the problems of homelessness and the inadequately housed are daunting; more than 1 billion people, a quarter of the world's population, are either homeless or live in extremely poor housing and unhealthy living environments. Approximately 100 million—four times the population of Canada—live on the streets with no shelter at all. On average, half the urban population of developing countries lives in slums and squatter settlements. In some cities, this figure approaches 80 percent of urban dwellers. Developing countries must provide urban services, shelter and jobs for an additional 150,000 people per day, while 700 million city-dwellers already live in absolute poverty (Cox, 1984, p. 266).

It is both difficult and dangerous to generalize about conditions in developing nations. While there is great variation in the levels of economic development that countries have attained, a number of salient issues common to most developing countries can be described.

THE CONSUMER MUST BECOME THE PRODUCER

Although there are serious problems associated with growth in rapidly-urbanizing nations, the perception that this process is inherently negative and always destabilizing is inaccurate. This perception ignores the significance of human beings for upgrading urban shelter and infrastructure—the self-help capacity of the poor. Dr. Arcot Ramachandran, Executive Director of the United Nations Centre for Human Settlements, stated this point clearly:

> Unfortunately, there is a widespread and, in our view, quite mistaken point of view which sees urban growth as an undesirable and highly destabilizing process. We are asked to believe that a mysterious series of events is causing untold numbers of happy, virtuous, hardworking rural citizens to "drift" to the city where they become lazy, shiftless, irresponsible, dissatisfied, even criminal parasites on society. We are also asked to believe that these millions of people are so unenlightened or misguided that they cling tenaciously to the "miserable" life in the city despite all efforts of benevolent authorities to persuade them to move back to the countryside in their own best interest. We all know,

> of course, that this is simply not so and I think it is about time we put this kind of talk to rest and face the realities of the world.
>
> Let us therefore see the urban poor for what they really are, a resource rather than a problem, and be guided in our actions by the recognition that if cities and towns are to grow and prosper in the future physically, economically and socially, and assume their historic role as creators of wealth and cradles of technological and social change, the potential contribution of the poor must be harnessed. In the urban areas of the third world, the poor already constitute the majority and it stands to reason that the future of these cities is inextricably linked to the fate of the poor. In short, as has been said, if the cities of the world will not deal constructively with poverty, then poverty will deal destructively with cities (Ramachandran, 1986, p. 12).

No country in the world, developed or developing, has enough resources to build all the housing or install all the infrastructure for all its people without their active participation. The consumer of shelter and related services—particularly those in greatest need—must become the major producer, thereby providing what the majority really needs and developing skills that will become marketable in the economy generally.

ACCESS TO LAND FOR SHELTER

The self-help capacity of the poor will remain unfulfilled without united access to adequate land on which to build. Due to the lack of adequate land in most urban settlements in developing countries, more and more people live in squatter communities located in hazardous areas such as river banks, prone to flooding, beside railway lines and along easements of major highways. When such hazardous, yet, to squatters, "desirable" land is not available in the central city where job opportunities are the greatest, they are forced to settle on the metropolitan peripheries where distance to markets and essential urban services is far greater; this often results in unmanageable transport expenditures in the family budget.

Due to the lack of affordable sites, most housing in developing countries occurs on illegally occupied land. Governments are often unwilling either to expropriate land from upper and middle income groups, or, if the land is under government control, to dedicate it to what is often considered a "non-productive" use—housing squatters, sheltering the urban poor. These examples show that an assured access to land must be coupled with security of land tenure as the basic tenets of shelter provision in developing countries. Once a squatter makes the transition from fear of eviction to security of tenure, productive and constructive capacities are often unleashed to transform temporary shacks into permanent, solid and healthy homes.

FINANCING URBAN SHELTER

A critical issue in shelter provision is the availability of financing land acquisition, land preparation, building construction and development of urban infrastructure. Central and municipal governments in developing countries do not have the financial resources needed to deal effectively with homelessness and inadequate housing without the potential for cost recovery. Squatters are increasingly expected to participate financially if their communities are to become "regularized" and therefore eligible for the municipal services of electricity, water, sewers and waste collection.

PROVISION OF INFRASTRUCTURE

There are serious quantitative and qualitative problems in infrastructure within urban settlements in developing countries. Inadequate supply of potable water is endemic; absence of sewerage and surface drainage systems lead to unhygienic conditions that breed disease and squalor. In many cities, the poor are forced to buy water from street vendors, tap illegally (and dangerously) into adjacent power lines, and use public canals as latrines. Public transportation systems are inaccessible and too expensive to benefit low-income residents. Community facilities of schools, markets, clinics and recreational facilities for the urban poor are rare, and those that do exist are rarely maintained properly.

AFFORDABLE BUILDING MATERIALS AND CONSTRUCTION TECHNIQUES

Affordable building materials are essential to the provision of adequate shelter. While many developing countries have sufficient raw materials for building products, the lack of affordable energy resources, trained labour, basic equipment and financing limits manufacturing capacity. Those few products that are manufactured are therefore often unaffordable for use in basic shelter.

EDUCATION AND TRAINING

Closely related to community participation is the need to train residents and policymakers in expanded or new skills. These include "soft" skills such as community organization, institutional development, financing and administration and "hard" skills such as building construction and maintenance. The ability of formal educational institutions to deliver such training in developing countries is constrained by lack of resources and, quite often, elitist attitudes towards professional education that preclude involvement with the urban poor.

SUSTAINING THE NATURAL ENVIRONMENT

Uncontrolled urbanization is having a debilitating effect on the natural systems of many urban settlements in developing countries. Air pollution caused by unregulated industrial and automobile emissions and the burning of coal is creating unsafe environments. Pollution of waterways, reservoirs and groundwater by unsanitary disposal of liquid and solid waste is threatening water supplies and spreading disease. The use of firewood in many developing countries has caused rampant deforestation that results in soil erosion. Not only is valuable topsoil being lost, but the reservoirs and distribution canals are increasingly becoming clogged with silt.

INTEGRATED DEVELOPMENT

Narrow, sectoral approaches to development deal only with part of the shelter problem. Even if adequate housing and infrastructure are provided, if residents do not have gainful employment or lack the essential social skills to develop themselves in urban environments, the impact of projects will be minimized.

Integrated development addresses economic, social and cultural issues in addition to the physical provision of shelter. By approaching problems holistically, the root causes of poverty can be addressed in an integrated manner.

SCALE AND SCOPE

In the decade since the United Nations Conference on Human Settlements was held in Vancouver, more than 350 million people have been added to the cities of the developing part of the world, and most of these have been added to the population of the overcrowded slum and squatter settlements. This pace of growth is expected to continue unabated well into the next century.

IYSH has raised the consciousness and challenged the conscience of the world to consider the plight of the millions of people who lack shelter, and the hundreds of millions who lack real homes, namely, a home which: provides protection from the elements; has access to safe water and sanitation; provides for secure tenure and personal safety; is within easy reach of centres of employment, education and health care; and is at a cost which people and society can afford.

In the build-up to and during IYSH, chilling but often visceral images of poverty and the homelessness which it engenders have been relayed through the world media. UNCHS has reported that *one hundred million* people have no shelter of any kind, and, in addition, *one billion* people, fully one quarter of the global population, are seriously at risk of becoming homeless because of inadequacies in

their shelter and living conditions. As former U.N. Ambassador Stephen Lewis told delegates at the International Conference on Homelessness in Ottawa, "we are dealing with a contagion which begins with the phenomenon of homelessness and then spreads outward to hopelessness."[1]

Many studies indicate that homelessness is not confined to the developing countries. It is, as the Executive Director of UNCHS has suggested, a truly global phenomenon, and one which involves more than the mere presence or absence of shelter. Urbanization, economic and social policies and human settlements development, broadly conceived, all have direct effects on shelter conditions, and consequently must be addressed through systematic and sustained programs of action.

At the Tenth (Commemorative) session of the Commission on Human Settlements in Nairobi, Kenya, Canada, along with the other member countries, endorsed the position adopted by UNCHS in its *Global Report on Human Settlements* that future economic and social progress, as well as political and social stability, will largely depend upon, and be determined by, the human settlements actions and policies which are forged now and in the years to come. The challenge optimally is to combine the organizational capacity of the Non-Government Organizations (NGOs) and the poor with the ability of governments to intervene in the crucial areas of land, resource mobilization, infrastructure and the use of appropriate technology. It was also recognized that such a combination of resources and policy instruments must go hand in hand with the establishment, on the part of government, of an administrative and management framework conducive to successful policy and project implementation (UNCHS, 1987, p. 65).

Toward this end, a major feature of the IYSH is to test, through demonstration projects, existing and new ways to augment or facilitate the efforts of the poor and disadvantaged to improve their shelter and neighbourhoods. To date, 139 governments have established national focal points to oversee programs for the year, and over 600 projects have been designated by governments and organizations. The projects focus on basic issues such as: providing or improving shelter; enhancing access to better drinking water, sanitation and waste disposal; generating jobs in the formal or informal construction sector; improving environmental conditions; upgrading infrastructure and services for the poor, including roads, public transportation, energy, health, social, educational and recreational facilities; and providing low-cost building techniques and materials, especially through more widespread use of indigenous methods, skills and construction materials.

In addition to these physical projects, nations are also reviewing and strengthening policy, and legislative, organizational and financial measures, both conventional and non-conventional. Co-operation between the developing and developed countries has resulted in an international commitment achieving

real and sustained improvements in the shelter and living conditions of the poor and disadvantaged by the year 2000.

The progress to date, however, must be seen within the context of the sobering conclusions of the World Commission on Environment and Development (1987). Human settlements in the developing countries are growing at accelerated rates by historic standards: from 2 to 10 percent per year. At such a pace, more than two billion people will be inhabiting cities and towns in the developing world by the end of the century, a threefold increase from the 1970 level.

While considerable attention has been focused on the problems of the developing countries, growing evidence indicates that there can be no cause for complacency regarding the scope and scale of homelessness in the developed world. Indeed, the IYSH has served to focus attention on the fact that despite the relative affluence of countries in the developed world, homelessness continues to be a prevailing, and, in some cases, a pervasive, phenomenon. Analyses of homelessness in the European Economic Community and in North America suggest that the homeless are becoming more economically and socially diverse, and that the sources of homelessness have their roots in the structural conditions of these societies rather than in personality deficiencies among homeless people.

In the Canadian context, what may be one of the most enduring and hopefully significant contributions to the IYSH involves an analysis which conceptually differentiates the sources of *homelessness* from their ultimate manifestation, *homeless people*. While obviously interrelated, there are nevertheless important differences in these concepts, and in the types of intervention strategies which are required to resolve the problems associated with them (Oberlander and Fallick, 1987, p. 12).

SOURCES OF HOMELESSNESS IN CANADA

The University of British Columbia Centre for Human Settlements participated in Canada's contribution to the IYSH by analyzing the scope and scale of homelessness, in Canada and by searching and documenting solutions to homelessness in Canada.

The research involved working closely with the national and provincial IYSH focal points and local organizations in the ten provinces and two territories to identify the fundamental Canadian issues:

- Who are the homeless in Canada?
- What are the principal sources of homelessness?
- What are the necessary and contingent relations between the two?

This approach recognized the importance of unambiguous and contextually relevant definitions before proceeding to qualitative and quantitative analysis.

A review of Canadian reports and surveys published in response to the IYSH indicates that there is as yet no general consensus as to the most reliable definition of homelessness.

However, based on recent local studies, homelessness in Canada appears to be linked to a complex mix of conditions which is affecting an increasingly broad spectrum of society. Evidence points to a predominantly urban-centred, socio-economic and physical shelter problem, deeply rooted in regional disparities, and closely related to opportunities for meaningful economic participation. In certain regions of the country, the problems traditionally have been chronic, whereas in others they have been spatially and temporally episodic. While certainly not a new phenomenon, homelessness has proven to be remarkably resilient despite periods of economic prosperity and social reform in recent years.

Homelessness is difficult to define and measure accurately, since it involves more than simply the presence or absence of shelter. Analyses of homelessness in Canada indicate that no single causal factor can exclusively or successfully explain why people become homeless. Consequently, no single intervention strategy is likely to resolve what is, in effect, the manifestation of a series of interdependent, synergistically related conditions. It became evident from the review that considerable variation exists in terms of the conceptual focus and methodological rigour among the many research studies of homelessness; this raises questions about the reliability of extrapolating results generated at local scales to the national context.

Examination of regional economic trends suggest that homelessness is not decreasing across Canada. Factors which contribute to the persistence of homelessness include declines in the stock of low-cost, rental accommodation (particularly in centrally located areas of cities), low vacancy rates in the rental markets, chronic regional unemployment, local poverty, inadequate incomes and social assistance supports for the poor, and a "social safety net" which is strained to capacity as the results of economic restraint policies take effect.

The main precipitants of homelessness in Canada include:

- unemployment, underemployment and unemployability;
- poverty;
- breakdown of the traditional family structure;
- lack of affordable housing;
- inadequacies and inequities in the provision of social welfare;
- lack of diversified community support systems for the deinstitutionalized; and
- displacement occasioned by urban revitalization.

Consequently:

- Homelessness in Canada results from the confluence of social, economic, political and physical factors, which combine in particular ways and at varying spatial and temporal scales. One or more of these factors can act as a precipitant which triggers other sources of homelessness, and these in turn significantly affect the lives of different segments of society.
- Homelessness can be traced in part to structural problems in the organization of the mixed market economy, disorganization within the preventive and therapeutic service system, and declining income support.
- Homelessness is also a function of the available housing stock and of the organization of the housing market.

Based on the relativity of homelessness, and bearing in mind its diverse causes, homelessness in Canada can be defined as:

> the absence of a continuing or permanent *home* over which individuals and families have personal control and which provides the essential needs of shelter, privacy and security, at an affordable cost, together with ready access to social, economic and cultural public services.

This definition implicitly assumes that homelessness in Canada is subject to public policy resolutions, of which employment and housing are vital, but by no means exclusive, parts. It also recognizes that solving homelessness is not, and cannot be, exclusively a matter for governments. The viability of systematic, sustained and cost-effective strategies to alleviate problems of urban poverty and homelessness rests with the willingness and commitment of the public *and* non-governmental sectors to co-ordinate their efforts and to work in concert with the poor and disadvantaged. Canada has the resources and the capability to eradicate homelessness. It must have the will and commitment.

NUMERICAL ESTIMATES IN CANADA

There is currently as much confusion and debate over who ought to be counted among the homeless in Canada as there is over what constitutes homelessness. A large part of this stems from the fact that it is extremely difficult to enumerate a continually moving and shifting homeless population. Traditionally, enumeration is based upon an address; the homeless have no address. The crux of the debate, however, is essentially ideological: who should be included, and why? If only those who have no shelter are counted, a low estimate results; if those who use emergency shelters are included, a larger number results. However, if the definition of the homeless is correlated with the principal sources of homelessness as outlined above, a much larger figure is involved.

The precise number of homeless nationally or in any one of the major cities at any given time depends upon the definition chosen. Since a consistent definition has not been applied in local studies, the estimates which have been produced must be interpreted with caution.

Prior to the findings of the *National Inquiry on Homelessness* by the Canadian Council on Social Development (1987), it was generally thought that there were between 20,000 and 40,000 homeless people in Canada. These figures were based on estimates derived mainly from studies of the use of emergency shelters and soup kitchens, and generally correspond to those who have been classified as "street people."

The CCSD generally agreed with this estimate, although they initially defined homelessness as being synonymous with poverty, and evidence was produced indicating that there were over 4.5 million people in Canada living in poverty.

When the *National Inquiry on Homelessness* was released, the estimate had been revised to either 100,000 (the number of beds provided to the homeless and destitute during 1986), or between 130,000 and 250,000 (those who do not have secure homes and those whose housing is grossly inadequate). Estimates of the number of homeless people in particular cities and metropolitan areas across the country have been made, but definitional, conceptual and methodological inconsistencies among the studies point to the conclusion that *no reliable and accurate count of homeless people in Canada currently exists.*

However, while the importance of reliable numbers and the need for accurate measurement and valid statistical analysis is recognized as a pressing problem, this should not delay immediate and concerted action. The lack of absolute and accurate numbers cannot become an excuse for the lack of public and private initiatives to reduce homelessness. The point is not to establish a grand numerical total (a highly suspect enterprise given the synergistic nature of the issues); rather, it is to determine the causes and effects of the structural transformations which are occurring, and to eliminate through public policies at appropriate levels, the incidence and the risk of homelessness.

CANADA'S HOMELESS

Evident in practically every Canadian city are homeless people who for a variety of reasons, and for varying lengths of time, sleep in doorways, under bridges, in derelict buildings, in darkened recesses of back alleys, in the parks, or in makeshift shelters which are dismantled with the first light of dawn. During the day they may wander the streets, trying not to appear conspicuous so as not to draw undue attention to themselves. Their routine often involves: frequenting public buildings or the sympathetic and non-judgmental drop-in centres which afford some respite from the daily drudgery of securing food at the

soup kitchen or the food bank; entering with monotonous regularity the revolving door into the tangled web of the social service system; re-emerging from the web frustrated, out into the streets to continue a well-defined but essentially meaningless itinerary until it is dark enough to hole up for the night, perhaps with some distilled elixir to block out the fear and loneliness for a short time.

These homeless individuals, the flotsam and jetsam of urban society, are not a new phenomenon to anyone familiar with city life. What is new and disturbing is that these people represent only a fraction of the homeless in Canada today. The homeless are the visible tip of a situation whose roots are to be found in the very structure of Canadian society—homelessness.

Opinions differ widely on the reasons why people become homeless in Canada's affluent and civilized society. While there is no consensus on the scope and scale of the problem, with each additional newspaper article, television and radio report, journalistic expose and academic treatise, the reality of what is all too often an unwanted situation is slowly permeating the Canadian consciousness.

The homeless in Canada are not homogeneous. Their social, economic and demographic diversity makes them difficult to quantify or classify. However, it is possible to identify a spectrum of categories which make up a continuum, from the "urban nomads," who inhabit the streets or take refuge in the emergency shelters, to the growing number of Canadians who are "at risk" of becoming homeless because of their fragile hold on economic and social stability.

There is increasing evidence that the number of the homeless is growing among:

- seasonally, temporarily or chronically unemployed men and women;
- the underemployed and so-called "new poor" whose economic marginality places them at risk;
- the unemployable and socially marginalized;
- single-parent families, especially mothers with children;
- mature and older women and men living alone;
- estranged youth, often identified as runaways, some of whom have only recently entered their teens;
- Native Canadians, particularly in Western Canada, who have moved to the major cities in search of jobs and better living conditions, but who are significantly at risk because of limited skills and problems coping with urban life;
- deinstitutionalized people, particularly, but not exclusively, the mentally ill, who lack diverse community support systems;
- the physically disabled for whom homelessness is as much a design and environmental issue as it is a social and economic concern;
- long-time residents of inner-city communities, experiencing displacement brought about by gentrification, revitalization and significant reductions in low-cost rental accommodation; and
- the non-urban homeless, including rural farm-workers and on-reserve Natives.

What defines Canada's economically disenfranchised and socially marginalised homeless is not the presence or absence of shelter, but the lack of a *home*.

As a result of the many sources of homelessness across Canada, there are:

- those without permanent shelter;
- those without physical shelter for varying lengths of time;
- increasing numbers relying on emergency shelter for sustained periods;
- people living in inappropriate or substandard dwellings for which they are paying in excess of 30 percent of their income; and
- those whose housing security and stability are highly susceptible to changes in provincial policies, local economic conditions and municipal farming by-laws.

CANADIAN INITIATIVES DURING THE IYSH

The government of Canada, in co-operation with the provinces, territories, the housing industry and public interest groups, worked throughout 1987 to focus attention on the national and international need for shelter for the homeless.

Canada Mortgage and Housing Corporation (1987) developed a five-point action program in consultation with other federal government departments to observe the International Year:

- Establish a national focal point for IYSH for the purpose of:
  - identifying and publicizing housing policies and projects that have a practical, worthwhile, concrete and lasting effect on the improvement of housing conditions;
  - receiving and distributing information about IYSH activities; and
  - encouraging provincial, territorial, non-governmental and private sector participation under the Canadian program for the IYSH.
- Provide grant aid to UN/IYSH to assist developing countries to participate in IYSH, and partial funding to non-governmental and private sector organizations to help them observe the year in Canada.
- Provide annual status reports on IYSH and related housing activities in Canada to UN sessions dealing with IYSH.
- Undertake and fund studies outlining the evolution of housing and future prospects for housing in Canada.
- Designate demonstration projects that meet UN/IYSH criteria and have practical, concrete and lasting effects on the improvement of housing conditions, and make this information available as required under the IYSH program.

The following illustrates the range of activities generated across Canada during the IYSH.

ATLANTIC PROVINCES AND TERRITORIES

In the Atlantic provinces (Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland/Labrador), and the two territories (Yukon and Northwest Territories), IYSH-related activities were generally incorporated into existing housing programs for the poor and disadvantaged. Rather than establish new initiatives or homeless-specific programs, the governments reviewed their policies and programs for allocating and targeting social and public housing units, and attempted to address the needs of the homeless using existing resources.

In Prince Edward Island, for example, 170 new units of housing were to be constructed during 1987/1988 for low-income households, financed through a combination of federal and provincial government programs. Three family housing projects (totalling 20 units), three senior citizens' housing projects (15 units), and three group homes for adolescents (capacity of 22) were constructed by the provincial housing corporation with federal assistance under the public non-profit housing program. Canada Mortgage and Housing Corporation financed approximately 72 of the 170 new units as private non-profit housing for families and seniors, 30 units as rural and Native housing and 8 as rent supplement units. The initiatives during the IYSH were similar to those of previous years (144 units in 1985-86 and 135 units in 1986-87), and reflect a well-established and effective relationship between the federal and provincial governments.[2]

In New Brunswick, a similarly effective partnership exists between the federal and provincial housing corporations, resulting in the production of a wide variety of social housing programs including: federally assisted residential rehabilitation programs (RRAPs) for homeowners and the disabled; non-profit housing; rent supplement; rural and Native housing; an emergency repair program; and the co-operative housing program. Provincial programs include home improvement loans (HIL), basic shelter allowances and public housing units. In the 1987/88 fiscal year, the provincial housing corporation expected to expend $44,522,000 on social housing, including $14,741,000 on RRAP/HIL, up to $16,220,000 on non-profit housing (increasing the stock by 328 units), and $13,561,000 on 227 rural Native/basic shelter units.[3]

One of the significant activities arising from IYSH-related initiatives in Atlantic Canada was the Atlantic Women and Housing Conference in April 1987. The conference became a catalyst for women's groups to come together and identify major housing issues, and through their collective efforts, plan and implement appropriate solutions. Housing issues identified included tenant protection, income policies, community development and education, domestic violence, changes to current housing policy, minimum standards/zoning and housing for Native women. Task groups were established to plan and co-ordinate strategies of action at the community level, focusing on priority areas including public housing tenants, finance, education/resource planning, design and community planning and worker co-operatives. The

conference and the action which it spawned established the basis for effective improvement in the living conditions for women in Atlantic Canada which may be replicable in other regions.

ONTARIO

The largest number of IYSH activities was undertaken in Ontario and Quebec, where the provincial governments, through cabinet, established secretariats to plan and co-ordinate IYSH activities.

In Ontario, the Ministry of Housing funded a special initiative to assist the development of 3,000 non-profit rental units for a broad range of groups, including homeless individuals, battered spouses, physically, developmentally and psychiatrically handicapped adults, and low-income single persons. The 3,000 units were in addition to the 6,700 units that came on-stream under the federal-provincial non-profit housing program in 1986.

In addition, funding (in amounts not exceeding $10,000) was provided for projects which "propose appropriate and innovative solutions to homelessness, raise public awareness of homelessness or add to the knowledge of homelessness in Ontario."[4] A total of 44 projects received funding assistance from approximately one hundred applications.

The Secretariat also assisted in organizing a series of regional workshops, which brought together local facilitators, organizers and administrators whose work affects the homeless, to discuss and share information on the problems, needs and innovative solutions related to homelessness. As with the other regions across the country, Ontario implemented a general public awareness/communications strategy which was targeted to local governments, communities, businesses, churches, service providers and educational institutions.

QUEBEC

In Quebec, a plan of action for the IYSH (AILSA) was co-ordinated by the *Société d'habitation du Québéc*, and has been successful in: bringing agencies working with the homeless and the poorly housed into closer contact; implementing programs and projects to help solve the problems facing homeless people in Quebec, particularly in the short and medium terms; and raising the public's awareness of the problems faced by the homeless locally, nationally and internationally.[5]

An IYSH secretariat was given the responsibility of co-ordinating activities among four ministries (Health and Social Services, Manpower and Income Security, International Relations and Municipal Affairs) and three secretariats (Youth, the Status of Women, and Intergovernmental Affairs), to reduce homelessness. A total of $2.5 million was made available to the *Société d'habitation* for special projects relating to IYSH, including $2 million allocated to organizations working with the homeless to provide such

things as furnishings and equipment. In addition, $400 thousand was allocated for special projects providing direct or indirect aid to the homeless, research, consciousness-raising and two pilot projects. A further $100 thousand was budgeted for a communication plan to publicize and promote activities throughout the province.

A major aspect of the plan formulated by the *Société d'habitation* involves the investment of $13 million for special projects for the permanently and temporarily homeless. To this end, 118 case reports were analyzed, 55 dealing with the temporarily homeless and 63 with the permanently homeless. A jury representing both the federal and provincial housing corporations and other provincial ministries was established to select proposal calls for new shelters for the homeless. Forty-two housing projects were selected, 27 (59%) of them for the temporarily homeless and 15 (41%) for the permanently homeless, primarily in the Montreal (59.6%) and Quebec City (21.2%) metropolitan regions. The projects supplied a variety of accommodations—beds, rooms and bachelor apartments—for 567 individuals.

In addition, the *Société d'habitation* supported the renovation of rooming houses (for example, *Auberge communautaire du sud ouest*, *Chambre en ville*, and *Maison St. Dominique* in Montreal) to compensate for the loss of almost half of the existing stock since 1977.[6]

In Quebec, the IYSH was instrumental in drawing attention to the needs of two particular groups, youth and women, and to the severity of the housing problems among different sub-sections of the provincial population. A report by the Homelessness Committee to the Municipal Council in Montreal has been particularly instrumental in highlighting the increasing risk of homelessness facing those who depend upon low-cost rooming houses.

WESTERN PROVINCES

Initiatives varied considerably among the four Western provinces (Manitoba, Saskatchewan, Alberta and British Columbia), reflecting the level of importance ascribed to public policy pertaining to homelessness and the degree of co-operation which took place between the provincial governments and non-governmental organizations. In Manitoba, for example, considerable effort was made by the provincial Ministry of Housing to spearhead interministerial action towards incorporating housing and support services into the ongoing social and public housing programs, thereby integrating solutions to homelessness within the broader society.[7] The focus in Alberta, on the other hand, was on improving the housing conditions among the rural and Native Indian communities in the Northern part of the province, and surveying the needs of the urban homeless in the large metropolitan centres.[8] A similar initiative was established in Saskatchewan.[9] In British Columbia, IYSH-related activities were initiated principally by non-

governmental organizations, which built upon the traditional foundations established by the charitable organizations and church groups.

TRADITIONAL SUPPORT FOR THE POOR AND DISADVANTAGED

While IYSH-related initiatives have been the focus for discussion, it must not be forgotten that Canada's voluntary sector has an distinguished history of providing assistance to the homeless, poor and disadvantaged, particularly through church groups and charitable, not-for-profit organizations. While there has been a considerable increase in the media attention focused on the homeless and those providing assistance and relief, there has been a tendency at times to overlook the relentless efforts of these individuals and groups over the many years, and to look for "solutions" without consultation from those whose very existence over such a long period of time is indicative of a high level of commitment. When the International Year has come and gone, these groups will continue to support and advocate for the structural roots of homelessness in Canadian society. Their contributions have been, and will continue to be, highly effective.

CRITERIA FOR SELECTING DEMONSTRATION PROJECTS

Based upon the evaluations of shelter demonstration projects, links and contributions of housing and settlements programs to economic and social development are being examined, and new policies and institutional arrangements are being developed. This approach will result in strengthened housing settlement and economic development programs, policies and plans. Such an approach recognizes that successful provision and improvement of shelter, related infrastructure and services for the poor and disadvantaged must be pursued as an integral part of national and regional development strategies.

Shelter demonstration projects reflect two of the fundamental principles of IYSH:

- action to meet the basic shelter and neighbourhood needs of the poor can only be effective within the context of national and local strategies; and
- solutions to shelter and neighbourhood needs ought to be defined and implemented by the poor themselves, supported by the effective technical skills, professional experience and material resources of local and national governments.

Accordingly, UNCHS (Habitat) established a set of criteria to guide the design, selection, implementation and monitoring of projects to ensure some degree of comparability among the participating countries. A shelter demonstration project will:

- serve that segment of the population which is considered by national definition to have an income below the poverty line;

- contribute to or result in a clear and visible improvement in the shelter or neighbourhoods of at least some of the poor and disadvantaged by 1987;
- either benefit all of the nation's poor (for example, through special legislation and regulations), or contain development features in support of the poor which can be replicated at least in other locations within the country, and preferably in other nations;
- lead to affordable improvements for many of the poor and disadvantaged rather than major improvements for a few;
- seek a practical balance between what is desirable (e.g., in terms of basic health requirements and structural safety), attainable (technically, administratively, and using local skills, methods and materials), and affordable by the poor themselves and the nation as a whole (UNCHS, 1986).

In addition, projects must demonstrate support for one or more of the eight development or development/support action areas identified by UNCHS:

DEVELOPMENT ACTION AREAS

Shelter:

Provide and improve shelter, particularly through individual and community action.

Services:

Provide and improve community facilities and services for the majority of the poor and disadvantaged.

Construction:

Extend the use of local materials, methods and skills.

Employment:

Generate jobs in the formal and informal construction sectors.

DEVELOPMENT SUPPORT ACTION AREAS

Legislation & Regulation:

Include special provision in national policies, legislation and regulations for security of tenure and improved services for the poor and disadvantaged.

Management & Finance:

Extend institutional and financial arrangements to help the poor and disadvantaged improve their shelter and neighbourhoods.

Research:

Identify and test low-cost techniques for construction and upgrading of community services, especially those using local materials, methods and skills.

Education, Training and Information:

Provide education, training and information for the improvement of local construction capability and community organizational skills (UNCHS, 1987).

APPLICATION OF CRITERIA TO CANADA

The criteria established by UNCHS provide a general framework for identifying demonstrable methods for resolving homelessness. However, their applicability in the search for effective solutions to homelessness in Canada must reflect the country's federally constituted system of government. Settlement policy and the strategic growth of settlements in relation to economic and social development are a provincial responsibility, with the federal government providing selected program support and incentives for development within Canada's mixed-market economy. Settlement investments and expenditures are usually made by private enterprise, with infrastructure support provided by local and provincial governments. Traditionally, there has also been substantive leadership and assistance provided by the charitable and voluntary non-governmental organizations.

The vitality and resilience of the contemporary Canadian settlement system are therefore intimately linked to regional, provincial and national economic development strategies in which public policy responsibility for the growth and development of settlements rests with the provincial governments, with the mixed market economy creating the setting for a public-private partnership. Accordingly, effective solutions to homelessness in Canada must be based not only on the reliable identification of those factors which precipitate or exacerbate homelessness, but also on identification of the ways in which the relevant factors combine at various spatial and temporal scales. Then it will become possible to ascertain how the three levels of government and the private and voluntary sectors can most appropriately balance what is desirable and what is affordable, attainable, and, where possible, replicable in other jurisdictions across the country.

The criteria used in the selection of Canadian initiatives to solve homelessness are consistent with those established by UNCHS. Although they were developed in response to analyses of the scope and scale or homelessness in Canada, they serve to offer a contribution to a better global understanding of strategies to address homelessness. The criteria are as follows:

- initiatives which are designed to *assist* the homeless, and those which reduce *homelessness*;

- policies, programs *and* projects to demonstrate that shelter solutions alone are not sufficient to eliminate homelessness;
- solutions which reflect the constitutional jurisdiction of the provinces in the area of public policy intervention;
- geographic representation to reflect the range of conditions which contributes to homelessness and the spatial distribution of different categories of the homeless across Canada; and
- initiatives which highlight the critical role played by non-governmental organizations, the voluntary sector and charitable groups.

With the co-operation of the provincially designated focal points for IYSH activities, and the individuals and organizations working directly with the homeless across Canada, it has been possible to establish the strategic correlations between the main sources of homelessness in different geographic locations, the specific groups of the homeless most directly affected, and the types of intervention strategies to reduce homelessness.

SELECTED CANADIAN SOLUTIONS

The types of successful intervention strategies selected here fall into two categories. They are intended either directly *to assist the homeless*, or alternatively, to reduce or eliminate *homelessness*. They include public policy initiatives, the establishment or reinforcement of community-based support programs, and specific shelter and housing projects designed for emergency, transitional or permanent use. They also reflect the economic and social diversity among the homeless in Canada, since it is now apparent that the needs of different categories of the homeless are not the same, and consequently solutions to their problems will vary.

Furthermore, the initiatives selected here are examined within a framework which was developed at the tenth session of the United Nations Commission on Human Settlements. The framework established five types of initiative: progressive adaptation; facilitative management; stewardship; co-operative partnerships; and community supportive living. While forty initiatives can be cited which incorporate elements of these types, only two or three examples of each type are given here. In addition, the framework for one of each of the following types is contained within the Appendix.

PROGRESSIVE ADAPTATION — a staged or incremental process of providing support and resources which is sufficiently flexible to be able to respond to the changing and variable needs of the individual as (s)he progresses or regresses. The process is based on the concept of aided self-help and can apply to either a residential setting (as in the case of the Veterans Memorial Manor in Vancouver where different parts of the building are more or less self-contained depending on the individual's capability), or to

community-based services/opportunities to regain self-sufficiency (as in the case of the *Entre nous femmes* non-profit housing society in Vancouver, or the Women in Second Stage Housing in Winnipeg).

FACILITATIVE MANAGEMENT — a type of housing management that enables residents to participate as they choose in decisions that affect their living situation (as operating in Somerset Street Rooming House in Ottawa). It is based on a concept/philosophy developed by participants in the Single Displaced Persons project who have been developing and managing innovative housing options for low-income single people in Ontario for the past 15 years.

Facilitative Management is concerned with all aspects of the residential community which influence people's ability to manage their living space and personal relationships, including property management. The essential goals for the facilitative management process are: to foster a social and physical housing (home) environment in which people are ensured a power base from which they can make choices and decisions to improve the quality of their lives; and to foster the development of communities of people with limited income who choose to act together to improve their well-being.

STEWARDSHIP — involves developing supportive and enabling milieux (residential or community) without institutionalizing (in the pejorative sense). The aim is to promote dignity and self-confidence by creating the necessary stages and resources for rehabilitation without making rehabilitation a prerequisite for participation.

There are those among the homeless who require assistance to enable them to regain choice and control over their living conditions. For some (for example, youth in *L'Auberge communautaire du sud ouest* in Montreal), this entails relatively temporary forms of assistance such as shelter, training and/or counselling as a source of security and support during a period of personal transition. For others, such as the so-called "hard to house," the assistance may be of longer duration and involve more intensive services and support (for example, Main Street Project in Winnipeg, Operation Friendship in Edmonton, and *La maison de l'Auberivière* in Quebec City).

CO-OPERATIVE PARTNERSHIPS — involves effective partnerships between the three levels of government, the private and voluntary sectors, as well as the homeless, poor and disadvantaged. This collaborative approach has produced positive results, namely, political initiative and commitment, evidenced by: Project 3000 in Ontario and the Alberta Rural Housing Program; community-based support programs such as *Réseau d'aide* in Montreal and ASK in Victoria; and successful partnerships in the residential sector such as those established for *Maison de chambres* in Montreal.

COMMUNITY SUPPORTIVE LIVING — is a supportive living environment within which residents develop relative independence, stability and functional integration within a community of choice. Community supportive living is based on the underlying philosophy that independence, stability and integration can be achieved by ensuring that support services are flexible, portable and "de-linked" from housing requirements. The approach involves tailoring the program to the individual rather than developing specific models of supportive housing into which individuals are placed. The uniqueness of this approach is that it seeks to formalize, through public policy, a commitment to the development of a comprehensive and co-ordinated housing and support service system, which of necessity entails a high level of interministerial co-operation. Examples of community supportive living projects include *Réseau d'aide* in Montreal, Operation Friendship in Edmonton and Association for Street Kids in Victoria.

CONCLUSION

Research and analysis to date have established homelessness as a set of circumstances deeply rooted in the causes of urbanization and its economic and social consequences. Among the causes there are some that precipitate homelessness in different ways, in different parts of Canada and for different groups of the population. The poor and disenfranchised in the major metropolitan areas of Canada are increasingly at risk and constitute the largest group of the homeless, including single-parent led families, teenagers, older women and men and Natives.

Any lasting solution to homelessness requires a committed partnership combining the resources of the federal, provincial and municipal governments with the ability of private-market investment, held together by the continued enthusiasm of volunteer and charitable institutions committed to improving local and regional living and housing conditions. Specifically, resolving homelessness in Canada requires the concerted partnership of six groups:

- the homeless themselves, to identify needs, expectations and aspirations;
- the volunteer and local charitable organizations with extensive pioneer experience in providing shelter and temporary health and food services for the poor;
- private industry providing investment, contracting and building services;
- the municipalities and local governments which influence location and availability of land and buildings for housing projects, while being responsible for establishing norms and regulations through local by-laws and ordinances;
- the provinces and their agencies which have the Canadian constitutional jurisdiction for housing and social services—the provinces represent a major source of policy initiatives and the critical opportunity for co-ordinating the delivery of health and social services to the homeless in relation to shelter provisions and appropriate accommodation; and

- the federal government which, through its taxation power, is able to raise and allocate appropriate resources to housing and social service programs including social housing on a national basis.

Government response must integrate federal and local financial support with the development and implementation of provincial public policies appropriate to the varying regions. Such an integrated approach requires the provision of appropriate short-term, transitional shelter and permanent housing in appropriate locations, in conjunction with readily accessible, available social and economic services. Such services and programs would offer financial support, social counselling, aided self-help, training and retraining and health supports for the prevention of sickness, disease and substance abuse. Services must aim to rehabilitate the whole person who is able and willing to manage his or her own life and be responsible for his or her own needs.

While some measure of homelessness is endemic in Canada's urban population, there are an increasing number of solutions which demonstrate that the homeless are not without hope, and that homelessness cannot be considered a permanent or inevitable condition of life in Canada. Canada clearly has the resources to reduce and ultimately to remove homelessness as a social, economic, and shelter problem.

The International Year of Shelter for the Homeless raises questions that will not easily be answered. Nevertheless:

> the IYSH is a way of consciousness raising around the world; a year where the issues are so urgent and the necessary responses so passionately held that perhaps we might evidence a breakthrough (Mr. Stephen Lewis, former Canadian Ambassador to the United Nations, in Fallick and Hulchanski, 1987, p. 2).

APPENDIX

NAME: ALMA BLACKWELL'S (ENTRE-NOUS FEMMES NON-PROFIT HOUSING SOCIETY)

LOCATION: VANCOUVER, BRITISH COLUMBIA

CAPACITY: 46 units for single parent families

GEOGRAPHIC SCALE: **INNER CITY COMMUNITY**

IYSH PROJECT ?	

PURPOSE	
ASSIST HOMELESS	●
REDUCE HOMELESSNESS	

DURATION	
SHORT TERM	
TRANSITIONAL	●
PERMANENT	

PARTNERSHIPS	
FEDERAL GOVERNMENT	●
PROVINCIAL GOV'T	
MUNICIPAL GOV'T	
PRIVATE SECTOR	●
NON-PROFIT AGENCY	●
POOR THEMSELVES	●

		INITIATIVE			OBJECTIVE			
		POLICY	PROGRAM	PROJECT	NEW BUILDING	RENOVATION	MANAGEMENT	SERVICES
SOURCE OF HOMELESSNESS	UNEMPLOYMENT						●	
	POVERTY			●				★
	AFFORDABLE HOUSING			●	●			
	FAMILY BREAKDOWN			●			●	●
	INCOME SECURITY			●			★	★
	DEINSTITUTIONALIZATION							
	DISPLACEMENT							
HOMELESS GROUP	UNEMPLOYED			●				●
	WORKING POOR			●				●
	UNEMPLOYABLE							
	ELDERLY							
	SINGLE PARENT FAMILIES			●			●	●
	YOUTH							
	DEINSTITUTIONALIZED							
	DISABLED							
	NATIVE INDIANS							
	NON-URBAN HOMELESS							
SOLUTION DEMONSTRATED	PROGRESSIVE ADAPTATION			●			★	●
	FACILITATIVE MANAGEMENT						●	
	STEWARDSHIP							
	COMMUNITY-SUPPORTIVE LIVING						●	
	NON-CONVENTIONAL FINANCING			★				
	SECURE, AFFORDABLE HOUSING			●			●	
	CO-OPERATIVE PARTNERSHIPS			●			●	
	POLITICAL COMMITMENT							

LESSONS LEARNED:

1. There is a great demand for suitably designed affordable accommodation for single parent families.
2. Non-profit social housing is a viable alternative to co-operative housing and represents an important addition to the rental market stock.
3. The effectiveness of Entre Nous Femmes goes well beyond provision of shelter.

● indicates a primary relationship
★ indicates a secondary relationship

Progressive Adaptation

NAME: SOMERSET STREET ROOMING HOUSE

LOCATION: OTTAWA, ONTARIO

CAPACITY: 46 units

GEOGRAPHIC SCALE: INNER CITY NEIGHBOURHOOD

IYSH PROJECT ?	

PURPOSE	
ASSIST HOMELESS	●
REDUCE HOMELESSNESS	

DURATION	
SHORT TERM	
TRANSITIONAL	
PERMANENT	●

PARTNERSHIPS	
FEDERAL GOVERNMENT	
PROVINCIAL GOV'T	●
MUNICIPAL GOV'T	●
PRIVATE SECTOR	
NON-PROFIT AGENCY	
POOR THEMSELVES	

		INITIATIVE			OBJECTIVE			
		POLICY	PROGRAM	PROJECT	NEW BUILDING	RENOVATION	MANAGEMENT	SERVICES
SOURCE OF HOMELESSNESS	UNEMPLOYMENT							
	POVERTY							
	AFFORDABLE HOUSING			●	●		●	
	FAMILY BREAKDOWN							
	INCOME SECURITY							
	DEINSTITUTIONALIZATION							
	DISPLACEMENT			●				
HOMELESS GROUP	UNEMPLOYED			●				★
	WORKING POOR			●				★
	UNEMPLOYABLE			●				★
	ELDERLY			●				★
	SINGLE PARENT FAMILIES							
	YOUTH							
	DEINSTITUTIONALIZED			●				★
	DISABLED			●				★
	NATIVE INDIANS							
	NON-URBAN HOMELESS							
SOLUTION DEMONSTRATED	PROGRESSIVE ADAPTATION							
	FACILITATIVE MANAGEMENT						●	
	STEWARDSHIP						●	
	COMMUNITY-SUPPORTIVE LIVING							●
	NON-CONVENTIONAL FINANCING							
	SECURE, AFFORDABLE HOUSING			●				
	CO-OPERATIVE PARTNERSHIPS			●			●	●
	POLITICAL COMMITMENT			●				

LESSONS LEARNED: A 1985 evaluation by City Living, the City of Ottawa Non-Profit Housing Association indicated that the residents felt that the rooming house is a success with respect to its social objectives. It has also added needed units to the stock of housing available to low-income single people.

A balanced and compatible mix of residents together with unobtrusive support and observation have prevented Somerset from deteriorating into a halfway house or flop house. Clearly established guidelines regarding roomers' responsibilities, the provision of attractive, clean and comfortable surroundings and the fostering of an attitude of concern for one's surroundings and for the rights of others to the enjoyment of secure surroundings have contributed to a sense of 'belonging' and a place the residents consider to be 'home'.

● indicates a primary relationship
★ indicates a secondary relationship

Facilitative Management

NAME: LA MAISON DE LAUBERIVIERE

LOCATION: QUEBEC CITY, QUEBEC

CAPACITY: 112 beds

GEOGRAPHIC SCALE: INNER CITY NEIGHBOURHOOD

IYSH PROJECT ?	

PURPOSE	
ASSIST HOMELESS	●
REDUCE HOMELESSNESS	

DURATION	
SHORT TERM	●
TRANSITIONAL	●
PERMANENT	

PARTNERSHIPS	
FEDERAL GOVERNMENT	
PROVINCIAL GOV'T	●
MUNICIPAL GOV'T	
PRIVATE SECTOR	●
NON-PROFIT AGENCY	●
POOR THEMSELVES	

		INITIATIVE			OBJECTIVE			
		POLICY	PROGRAM	PROJECT	NEW BUILDING	RENOVATION	MANAGEMENT	SERVICES
SOURCE OF HOMELESSNESS	UNEMPLOYMENT							
	POVERTY		●				●	●
	AFFORDABLE HOUSING							
	FAMILY BREAKDOWN							
	INCOME SECURITY							
	DEINSTITUTIONALIZATION		●					
	DISPLACEMENT		●					
HOMELESS GROUP	UNEMPLOYED		★					★
	WORKING POOR		★					★
	UNEMPLOYABLE		●					★
	ELDERLY		●					★
	SINGLE PARENT FAMILIES							
	YOUTH							
	DEINSTITUTIONALIZED		●					★
	DISABLED		●					★
	NATIVE INDIANS							
	NON-URBAN HOMELESS							
SOLUTION DEMONSTRATED	PROGRESSIVE ADAPTATION		●					
	FACILITATIVE MANAGEMENT						●	
	STEWARDSHIP						●	
	COMMUNITY-SUPPORTIVE LIVING						●	●
	NON-CONVENTIONAL FINANCING							
	SECURE, AFFORDABLE HOUSING							
	CO-OPERATIVE PARTNERSHIPS							
	POLITICAL COMMITMENT							

LESSONS LEARNED: Persons who are considered 'hard to house' because of their inability to function within a sheltered setting often use the emergency and transitional shelter system en route to or out of a life on the street. Their successful reintegration into society depends in part on the extent to which support within and by the community complements the efforts of Missions such as La Maison de Lauberiviere to stabilize and rehabilitate. To be effective, the stewardship and support provided in these centres must be reinforced by public and private resources to improve the conditions and quality of life for homeless alcoholics and substance abusers. They cannot in isolation resolve the problems of these homeless people, and are most effective as a bridge to more independent living.

● indicates a primary relationship
★ indicates a secondary relationship

Stewardship

NAME: ALBERTA RURAL ASSISTANCE HOUSING PROGRAM

LOCATION: NORTHERN ALBERTA

CAPACITY: 97 new homes; 373 repaired; upgraded water and sewage systems for 1,150 homes

GEOGRAPHIC SCALE: REMOTE NORTHERN COMMUNITIES

IYSH PROJECT ?	●

PURPOSE	
ASSIST HOMELESS	●
REDUCE HOMELESSNESS	●

DURATION	
SHORT TERM	
TRANSITIONAL	
PERMANENT	●

PARTNERSHIPS	
FEDERAL GOVERNMENT	●
PROVINCIAL GOV'T	●
MUNICIPAL GOV'T	●
PRIVATE SECTOR	●
NON-PROFIT AGENCY	●
POOR THEMSELVES	

		INITIATIVE			OBJECTIVE			
		POLICY	PROGRAM	PROJECT	NEW BUILDING	RENOVATION	MANAGEMENT	SERVICES
SOURCE OF HOMELESSNESS	UNEMPLOYMENT							
	POVERTY							
	AFFORDABLE HOUSING		●	●	●	●		
	FAMILY BREAKDOWN							
	INCOME SECURITY							
	DEINSTITUTIONALIZATION							
	DISPLACEMENT							
HOMELESS GROUP	UNEMPLOYED							
	WORKING POOR							
	UNEMPLOYABLE							
	ELDERLY							
	SINGLE PARENT FAMILIES							
	YOUTH							
	DEINSTITUTIONALIZED							
	DISABLED							
	NATIVE INDIANS		●					
	NON-URBAN HOMELESS		●					
SOLUTION DEMONSTRATED	PROGRESSIVE ADAPTATION							
	FACILITATIVE MANAGEMENT							
	STEWARDSHIP							
	COMMUNITY-SUPPORTIVE LIVING							
	NON-CONVENTIONAL FINANCING		●					
	SECURE, AFFORDABLE HOUSING		●					
	CO-OPERATIVE PARTNERSHIPS		●					
	POLITICAL COMMITMENT		●					

LESSONS LEARNED:

Sparse population and harsh environmental conditions require a provincially co-ordinated program which can function as an umbrella and focal point to link housing and infrastructure needs with locally available resources and appropriate technology.

● indicates a primary relationship
★ indicates a secondary relationship

Co-operative Partnership

NAME: LE RESEAU D'AIDE

LOCATION: MONTREAL, QUEBEC

CAPACITY: not applicable

GEOGRAPHIC SCALE: INNER CITY

IYSH PROJECT ?	

PURPOSE	
ASSIST HOMELESS	●
REDUCE HOMELESSNESS	

DURATION	
SHORT TERM	●
TRANSITIONAL	●
PERMANENT	

PARTNERSHIPS	
FEDERAL GOVERNMENT	
PROVINCIAL GOV'T	
MUNICIPAL GOV'T	
PRIVATE SECTOR	
NON-PROFIT AGENCY	●
POOR THEMSELVES	●

		INITIATIVE			OBJECTIVE			
		POLICY	PROGRAM	PROJECT	NEW BUILDING	RENOVATION	MANAGEMENT	SERVICES
SOURCE OF HOMELESSNESS	UNEMPLOYMENT		●					●
	POVERTY		●					●
	AFFORDABLE HOUSING							
	FAMILY BREAKDOWN		●					●
	INCOME SECURITY		●					●
	DEINSTITUTIONALIZATION		●					●
	DISPLACEMENT		●					●
HOMELESS GROUP	UNEMPLOYED		●					
	WORKING POOR		●					
	UNEMPLOYABLE		●					
	ELDERLY		●					
	SINGLE PARENT FAMILIES		●					
	YOUTH		●					
	DEINSTITUTIONALIZED		●					
	DISABLED		●					
	NATIVE INDIANS							
	NON-URBAN HOMELESS							
SOLUTION DEMONSTRATED	PROGRESSIVE ADAPTATION							
	FACILITATIVE MANAGEMENT							
	STEWARDSHIP		●					●
	COMMUNITY-SUPPORTIVE LIVING		●					●
	NON-CONVENTIONAL FINANCING							
	SECURE, AFFORDABLE HOUSING							
	CO-OPERATIVE PARTNERSHIPS		●					●
	POLITICAL COMMITMENT							

LESSONS LEARNED: Need for continuum including Centre du jour pour femmes; Centre d'hebergement pour femmes; Unite de desintoxification; Centre de degrisement pour clochards alcooliques; Foyer de protection social pour femmes itinerantes; Centre de degrisement pour femmes alcooliques et itinerantes; projet de formation pre-emploi pour la population itinerante; Maison de transition pour itinerants; et al.

● indicates a primary relationship
★ indicates a secondary relationship

Community Supportive Living

NOTES

1. Stephen Lewis, Keynote Address, Canadian Conference to Observe the International Year of Shelter for the Homeless, Ottawa, September 13-16, 1987.
2. Information supplied by Prince Edward Island IYSH Focal Point.
3. Information supplied by New Brunswick IYSH Focal Point.
4. Information supplied by Ontario IYSH Secretariat.
5. Information supplied by Quebec IYSH Secretariat.
6. Ibid.
7. Information supplied by J. Zamprelli, Manitoba IYSH Focal Point.
8. Information supplied by Alberta IYSH Focal Point.
9. Information supplied by Saskatchewan IYSH Focal Point.

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HOMELESSNESS AND HEALTH: A COMPARISON OF BRITAIN, CANADA AND THE UNITED STATES*

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INTRODUCTION

Ironically, within a few hundred yards of the most advanced scientific and medical establishments in the world, thousands of homeless individuals suffer from health problems which many of us thought were solved decades ago. Evidence is mounting of an increasing incidence of tuberculosis, malnutrition, respiratory problems, skin ulceration and a variety of other infectious diseases. These illnesses, however, are not so much attributable to medical shortcomings as to institutional and attitudinal barriers to the provision of basic health care for the marginalized segments of our society.

The message of this paper is straightforward: for the homeless, the issues of housing and health are inseparable. It is nonsensical to deal with one aspect of poverty in a vacuum. Comprehensive programs are essential to ensure adequate service delivery for a variety of problems encountered by increasingly heterogeneous homeless populations.

Over the past few years, I have had the opportunity to examine programs for homeless individuals and families in the United States, Canada and Britain. This paper summarizes this work. Its primary objective is to describe and compare the strategies, and the types of health and housing-related remedies, which have been developed in the three countries.

A modified version of the United Nations definition of homelessness is used here; this includes: (a) those who have no homes—street people, as well as the victims of fire and other crises; and (b) those whose dwelling units do not meet UN standards. These include adequate protection from the elements, access to safe water and sanitation, secure tenure and personal safety, and accessibility to employment, education and health care.

The causes of homelessness are similar in all three countries. This issue is debated endlessly, but on cutting through the rhetoric, it is striking how much of the problem of homelessness is attributable to government policy and to underlying economic conditions. Among the principal causes and underlying trends are:

- an acute lack of affordable housing;
- severe cuts in public spending on housing and public assistance programs;

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- private-sector focus on housing and health programmes for middle- and upper-income groups;
- decline in the private rental sector;
- loss of single-room occupancy units (SROs) and low-cost housing as a result of gentrification;
- increasing deindustrialization and unemployment;
- declining average wage levels relative to housing costs;
- demographic changes, leading to an increase in the number of households and greater demands on the existing housing stock;
- the inflexibility of occupancy policies in government-subsidized housing, which can exacerbate domestic difficulties and homelessness;
- a continuing movement toward deinstitutionalization without a corresponding increase in community care facilities to attend to both physical and mental health needs.

THE UNITED STATES

Because the extent of homelessness in major urban centres is so appalling, there has been an understandable concentration in American cities on emergency shelters and crisis intervention. Consider the situation in New York. The city now has about 30,000 people—including 12,500 children—in shelters. This does not include an unknown number "sleeping rough," living on the street, or incarcerated in jails and various institutions. The common thread in the cases of homelessness in New York is poverty, as well as a severe shortage of affordable accommodation, and a tendency for minorities to bear the brunt of the problem. About 90 percent of the homeless families in New York City are Black or Hispanic. New York, as described by *Time* (November 30, 1987), "is like the wedding cake in a bakery window: an exquisite excess of spun sugar covering a cardboard core . . . where the megarich in stretch limousines look away from the 1.8 million living in poverty."

Each year, the number of homeless in the city increases. The thrust of public and private efforts has been to warehouse families in shelters, while single individuals are compelled to shift for themselves. They often end up spending the night in the city's 1,200-bed armoury or similar emergency centres. The municipal government now spends $250 million annually—up from $18 million in 1980—on shelters, on grotesquely expensive "welfare hotels," and on short-term lodgings for the homeless.

Meanwhile, the supply of affordable housing in New York City has dwindled and rents are skyrocketing. In the decade between 1971-1981, 30 thousand dwellings were abandoned and countless others were gentrified. During the same period, with government acquiescence, the city lost 90 percent

of its SROs. New York's situation is particularly dramatic, but the dilemmas of homelessness plague most cities, large and small, across America.

The issue is not one of beds, although a number of organizations (including Congress and The White House) have focused on the shortage of shelter cots (American Planning Association, 1987). Debates over the number and size of these anachronistic institutions miss the salient point that shelters—which are essentially latter-day lodging houses for the poor—are not an appropriate solution; they address only part of a multi-dimensional puzzle. Moreover, if shelters help to perpetuate the revolving door syndrome of "deinstitutionalization—sleeping rough—reinstitutionalization," they may well be counter-productive in the long run.

This limited focus begs the question of long-term solutions, and appears to emanate from a perception of the homeless as needing—solely or primarily—emergency shelter, associated detoxification and minimal social services. In reality, for many, the principal requirements are for a home, either immediately or after going through transitional phases, and for adequate health care.

What, then, has been the response of the federal government? Former theology student David Stockman set the tone for the Reagan Administration. He testified to Congress that many of those receiving social benefits were not entitled to them. Stockman did not believe in entitlements, and proposed removing at least one-fifth of the families receiving welfare assistance (*New York Times*, March 24, 1981, p. B11).

President Reagan asserted that America's hungry were not lacking assistance; they simply were not motivated or did not know where to get help. He noted that "private charity . . . is providing shelters . . . (and) food" (*New York Times*, May 22, 1986, p. 1).

As soup kitchens proliferated, attracting considerable media attention, federal officials like U.S. Attorney-General Edwin Meese questioned the authenticity of the so-called "new homeless." Chiding them for cadging free meals at missions and shelters, he queried whether they were deserving of such hand-outs.

Still other spokespersons for the Reagan Administration attributed the problems of homelessness and severe overcrowding—which were now becoming difficult to ignore or conceal—to ethnicity. Philip Abrams of HUD asserted that doubling up is characteristic of Hispanic communities.

This incident was followed by the Department of Defense shelter project. Congress initially budgeted $8 million for a plan to make military facilities and services available to the homeless. The military's lack of enthusiasm was painfully apparent. In the end, no substantive programme was put in place.[1]

The responses of local governments in the United States have varied from utter neglect to real concern. A few cities, notably Washington, DC and New York, are now required by local legislation or

court orders to offer shelter to those who lack the means to provide for themselves. In general, a growing awareness has evolved that homelessness is a nationwide concern—no large city or region is exempt. In fact, homeless individuals are now common in some rural areas as well. The United States Conference of Mayors' Task Force on Hunger and Homelessness has surveyed 29 cities for the past few years to discern trends and to focus attention on the subject. In December 1986 they reported:

> By far, the most significant change in the cities' homeless population has been in the number of families with children . . . In 72 percent of the cities, families comprise the largest group for whom emergency shelter and other needed services are particularly lacking . . . Well over two-thirds of the homeless families are headed by a single parent.

Six months later, the Task Force survey found that: "The number of families requesting emergency shelter during the last two years increased by an average of 31 percent" (U.S. Conference of Mayors, 1987).

The relative positions of the different levels of government have also been more or less predictable. Jurisdictional wrangling is apparent among federal, state and local bureaucrats and politicians. Officials in Washington contend that homelessness is a local problem. State and local governments have attempted, without success, to induce federal participation in joint efforts to address issues of homelessness and housing supply.

The Reagan Administration, however, argued that both of these concerns were really matters of housing affordability to be resolved by their "free market" experiment with housing vouchers.[2] To date, $200 million has been allocated for this programme. This strategy, however, presupposes an adequate supply of low-income housing stock. As the New York City case demonstrates, a central difficulty in major urban areas has been the drastic decline of affordable units as a result of reductions in subsidies, increases in rents (at roughly twice the level of growth in wages), and loss of low-income units due to fire, demolition, conversion, or gentrification. Meanwhile, cutbacks on public housing continue, and the length of the queue for public units is now 17 years in New York and 20 years in Miami.

The General Accounting Office (1985) blandly characterized the government's passive posture in this fashion: "In summary, homelessness is likely to remain a problem for several years. What the federal role will be in providing services to homeless individuals is, however, unresolved" (U.S. General Accounting Office, 1985).

The federal position was forthrightly expressed by HUD in its recent Directory of Official U.S. IYSH Projects. The agency's goal in selecting award-winning projects was "to identify exemplary local activities that explore new ways and means of improving the shelter and neighbourhoods of low-income families through use of local initiatives that involve the private sector." Not surprisingly, the projects chosen emphasize emergency shelters and short-term services by private agencies and local government (U.S. Department of Housing and Urban Development, 1987).

The experience of the United States demonstrates that, to date at least, it has been necessary to rely on private funding to create innovative programmes. In fact, many planners and housing reformers concerned with homelessness have abandoned hope of involving the federal government in a substantial way. Nevertheless, it is essential that continuing efforts be made actively to involve federal, state, *and* local governments (as well as the private and voluntary sectors) in dealing with an issue of national importance. An awareness is gradually evolving of the need for permanent housing and related solutions in place of emergency shelters. However, in most parts of the country, this recognition has not yet been translated into actual programmes.

Two federal initiatives do offer some hope, however. First, in 1985 the National Institute of Mental Health and the Alcohol, Drug Abuse and Mental Health Administration funded CHAMP (Clearinghouse on Homelessness Among Mentally Ill People). Second, a major piece of legislation, the Stewart B. McKinney Homeless Relief Act, was passed by Congress in 1987. It authorised $442.7 million in fiscal year 1987 and $616 million the following year for housing, health, community service and education, as well as nutrition programmes for the homeless. Included are funds for drug and alcohol abuse treatment, community mental health demonstrations and outreach services. The education component includes remedial and job skills training, literacy classes and counselling for homeless people, including children. Nutrition funds are being directed to the emergency distribution of surplus food (e.g., flour, cheese and cornmeal) to the poor, including homeless persons (United States Congress, 1987).

THE HOMELESS IN CANADA

In comparison with Britain and the United States, the number of homeless in Canada is not terribly high. Moreover, the safety net of health, welfare, and social services is significantly more refined and extensive than in the United States. Accordingly, the public sector has not felt a compelling need to develop new programmes to assist the homeless. The national housing agency (Canada Mortgage and Housing Corporation) is attempting to devolve responsibility to the provincial and municipal level. Provincial and city governments, meanwhile, are just now awakening to the fact that there is a growing homelessness problem which has substantial ramifications for public policy with respect to housing, health and community services.

Perhaps the most striking characteristic of homelessness in Canada is the dramatic variation among cities. Certain regions are economically depressed, and have witnessed increasing numbers of homeless as a result of recessions in the past decade. This phenomenon is particularly evident in a few Western cities. Other parts of the country, notably Southern Ontario, have enjoyed a buoyant economy which has

been responsible for the creation of most of Canada's new jobs. The converse of this situation is that the Toronto region has attracted thousands of unemployed individuals, hoping to find work in Canada's largest city. As a result, extreme overcrowding has occurred in the midst of a booming real estate market. Toronto's vacancy rate is nil. The city lost more than 10 thousand low-income rental units over the last decade to condominium conversion and gentrification, and, in the past year, real estate prices skyrocketed by over 30 percent, so that the average selling price of a home in Toronto is now in excess of $185 thousand. In the meantime, Toronto's 2,500 hostel beds were occupied by 14 thousand people in 1986 (City of Toronto, 1984, 1987).

THE BRITISH EXPERIENCE WITH HOMELESSNESS

The British have publicly acknowledged, and, albeit reluctantly, dealt with the issue of homelessness for a much longer time than North Americans. Since 1948, local authorities have been obliged to provide temporary accommodation for "persons who are in urgent need thereof" (National Assistance Act of 1948). Nevertheless, the number of homeless households increased during the 1950s as a result of slum clearance and highway-building projects, and continued throughout the property-development boom of the 1960s.

The provision of accommodation and services for these families varied dramatically from place to place. Much depended upon the political will of the local authority and upon the relationship between homeless household and social worker. Some councils resorted to travel vouchers to induce needy people to leave their jurisdictions. Others, starting with London boroughs in 1971, began to use bed-and-breakfast accommodations for temporary lodging of homeless families. By the end of 1976, there were 1,500 households in these places, at an annual cost of more than a million pounds. Meanwhile, voluntary organizations were pressuring government for legislation which would clearly define the responsibilities of local authorities for accommodating both homeless singles and families.

The Housing (Homeless Persons) Act, which passed in 1977, broadened the scope of local authorities' responsibilities. It defined homeless persons as "those without accommodation they were entitled to occupy," and specifically included those (like battered wives) who were "threatened" with homelessness. As a result of amendments, however, the law excluded most of the single homeless, as well as those whom local officials deemed to have made themselves "intentionally homeless" (by failing to pay rent, for example). Priority groups were defined: they included families with dependent children, pregnant women, those made homeless by fire or some other emergency, and those who are vulnerable through old age or mental or physical disability. The local authority is obliged to offer temporary refuge

to high-priority households while the facts of the case are investigated. If judged to be a genuine case of homelessness, the family is entitled to council housing.

From its inception, the Homeless Persons Act has been subject to widely different interpretations by councils. Some, for example, regard any cases involving family disputes or rent arrears—among the two principal reasons for homelessness—as outside the scope of the law because they represent evidence of "intentional" homelessness. Ironically, one's chances of being rehoused under the Act depend more upon the community where one became homeless than upon the circumstances or reasons for one's plight.

The response of central government to the worsening lot of the homeless has been to claim that there is little which can be done. The Department of Environment believes that "homelessness is not a new phenomenon." The increase in homeless families is acknowledged but the reasons are found in "profound changes in the nature of our society," including Europe's second highest divorce rate, a dramatic increase in illegitimate births—from 6 percent in 1961 to 17 percent in 1981—and youth mobility. DoE believes that there is only so much that government can do:

> Because of these long term social problems and the fact that homelessness is to a very large extent a symptom rather than a cause, the scope for Government action is limited (DoE, 1987).

Government's solution is to combine public and private finance to make funds go further, "to ensure that the fullest use is made of all existing dwellings," and to press for housing improvements and greater efficiency in housing management by local authorities and the private sector.

Despite this *laissez-faire* attitude, an impressive array of innovative and comprehensive programmes has evolved in cities throughout Britain. Some local authorities, both Labour- and Tory-controlled, have taken an activist role in creating programmes to house the homeless. But the most interesting projects have been developed by private organizations in the not-for-profit sector, with a combination of public and private funds.

In the U.K., there are many organizations involved with some aspect of homelessness; this is a double-edged sword. A certain amount of stumbling about is apparent, as agencies with a vested interest in the homelessness enigma vie with one another to serve the same community. On the other hand, and much more important in the long run, there is a variety of organizations and initiatives with specific briefs, equipped by experience and motivation, to deal with a number of different aspects of homelessness. This emanates from a profound understanding that the dilemmas of homelessness are multi-dimensional, they are deep-seated *and* neither the problems nor the solutions are the same for all segments of the homeless population. "The homeless" are actually a heterogeneous array of individuals and families with diverse housing, health, employment and related concerns. Hence, a variety of programmes is required to address these needs.

An awareness has evolved that long-term solutions need to deal with homelessness and related housing and health issues; short-term or band-aid fixes are considered passé. In recent years, most government shelters have been closed. There is less emphasis on shelters or hostels than on community-based shared housing and a variety of "staged" accommodation to provide the homeless with a series of appropriate housing alternatives as they move from homelessness to resettlement within the community. Moreover, there is less emphasis on housing-only solutions (e.g., hostels) than on multi-faceted housing, education, employment and health schemes; these address a number of needs and provide a multiplicity of support mechanisms for those attempting to move from tenuous living arrangements to a more secure place in society.

HEALTH PROBLEMS ASSOCIATED WITH HOMELESSNESS

Before describing projects which deal with homelessness and health, it is necessary to ascertain the nature of health concerns directly associated with the condition of homelessness. It is well known among community workers and some health professionals that homeless persons have difficulty obtaining access to adequate health services.

After a thorough study, James D. Wright and Eleanor Weber concluded that ". . .the homeless probably harbor the largest pool of untreated disease left in American society today." Their survey of homeless people at health clinics in 19 U.S. cities (sponsored by the Robert Wood Johnson Foundation and the Pew Memorial Trust) found that poor physical health was commonly cited as a factor in homelessness by 27 percent of men, 18 percent of women, and by 34 percent of those who were chronically homeless. Moreover, they discovered that, of those for whom poor health was the single most important factor in homelessness, over half (54%) were "definitely not employable" (Wright and Weber, 1987, pp. 17, 56).

Among the ailments and health problems commonly encountered by homeless people are the following:

COLD INJURY

In Canada, the northern United States, and Britain, homeless people are vulnerable to hypothermia and frostbite because they are "sleeping rough" or because they lack adequate housing, clothing and footwear.

CARDIO-RESPIRATORY DISEASES

In 16 of the 19 locations of Health Care for the Homeless medical clinics in American cities, it was discovered that one-third of the patients had upper respiratory problems. There was also a high incidence (compared to a national sample of adult primary-care patients) of hypertension, coronary artery disease, high blood pressure, emphysema, gastrointestinal disorders, dental problems and injuries—lacerations, sprains, bruises and fractures (Wright and Weber, 1987, pp. 123-35).

Respiratory ailments, common among homeless adults and children, have come to be known as the "shelter syndrome." Because many of these individuals are constantly on the move and cannot receive regular medical care, their illnesses become disabling.

TUBERCULOSIS

Health officials have publicized evidence of a high incidence of tuberculosis among homeless individuals (City of Toronto, 1987). The rate of tuberculosis is at least 100 times greater than the average for the general population (McAdam, 1985). A study of homeless people in American cities concluded that about one in six ". . . has an infectious or communicable disorder that poses some potential risk to the public health (Wright and Weber, 1987, p. 110).

SKIN DISEASES

Homeless people are predisposed to skin problems and edema resulting from malnourishment, peripheral vascular insufficiency, ill-fitting shoes, cuts and dirty clothing. The emergency shelters, rooming houses or single-room occupancy hotels where they sleep often do not have facilities for them to wash their clothes. Individuals who are homeless are also affected by intestinal worms, scabies and lice because of unsanitary conditions. Delousing is still a common practice at shelters.

NUTRITIONAL DEFICIENCIES

Malnourishment, which is a fact of life for the homeless, places them "at risk" in terms of infectious diseases and intestinal disorders. A recent study of men attending a soup kitchen in Birmingham, Alabama found evidence of nutrient deficiency in 94 percent of the subjects. Persons lacking these nutrients suffer from weakness, fatigue, depression and other emotional disturbances. Moreover, the nutrients of greatest concern (vitamin C, thiamin and folate) were not even present in the soup kitchen diet. Such facilities often lack adequate refrigeration and do not have a regular supply of fresh fruits and vegetables (Laven and Brown, 1985).

SLEEP DEPRIVATION

For those who are housed in shelters, sleeping is difficult; the atmosphere is noisy and chaotic. The resulting sleep disorders often cause irritability, apathy or behaviourial impairment. For children, moreover, it means that they will almost certainly have emotional difficulties and/or will be unable to work effectively at school. Half of the children in New York City's welfare hotels and shelters do not even attend school.

DEINSTITUTIONALIZATION

A principal actor in deinstitutionalization, which exacerbated homelessness, has been government. In the United States, the President's Commission on Mental Health (President's Commission, 1978) called for government to address these issues through a national mental health policy. The response of the National Institute of Mental Health was to develop the Community Support Programme designed "to provide services for one particularly vulnerable population—adult psychiatric patients whose disabilities are severe and persistent but for whom long-term skilled or semi-skilled nursing care is inappropriate." A recognition is developing, as a result of this and other initiatives, that the chronically mentally ill cannot be ignored—that they represent a crucial social welfare issue. The common tendency to label problems as "mental" has often been used to avoid having to deal with basic social dilemmas (Dear and Wolch, 1987). This issue must be confronted directly. A community support system includes health and mental health services, but also recognizes entitlement programmes, income supports, housing, transportation and related services (Goldman and Morrissey, 1985, p. 729).

MENTAL HEALTH AND HOMELESSNESS

The link between homelessness and mental health has been the subject of numerous research and epidemiological studies—but the results are mixed (Lamb, 1984). The New York Office of Mental Health found that fewer than 25 percent of men in emergency shelters required psychiatric services (New York, 1982) while Bassuk's study in Boston concluded that 90 percent of shelter residents had diagnosable mental illnesses (Bassuk, 1984). Arce and Vergare, moreover, indicated that "in most universes of homeless people, between 25 and 50 percent have serious and chronic forms of mental illness" (Arce and Vergare, 1984, p. 88). In a 1987 study, Bean, Stefl and Howe concluded that the overlap between homelessness and mental illness remains "a tangled web" of confusion among mental disorders and social conditions (Bean, Stefl and Howe, 1987, p. 415). In short, mental illness may be the cause of homelessness, but it may also be the result. Many of the characteristics of the mentally ill are also common in homeless populations—namely, they are poor, they are often members of minority groups, they

have been disenfranchised and they lack social support. The picture, then, is muddled. But it is safe to say that about one-third of the homeless require psychiatric help, and that this service must be part of a larger network of social supports and community services.

Once deinstitutionalized, and without adequate support services, these individuals are effectively adrift in a sea of confusion. They are unable to compete for scarce jobs or housing, and are at considerable risk of becoming victims of theft, violence or sexual exploitation. For most, this depressing situation exacerbates their insecurity or illness and induces chronic stress. Many make the endless rounds of shelters and emergency facilities in revolving-door fashion, until they are readmitted to an institution. This endemic stress is in part a consequence of the extreme crowding, insecurity, and lack of privacy in emergency shelters. It does not help one's sense of equanimity or self esteem to be surrounded by a bedlam of depressed, ill and violent people. Nor does it help to be turfed out each morning, regardless of weather, ostensibly to search for accommodation or employment.

AIDS

In recent years, the spectre of AIDS has been added to this litany of ills besetting the homeless. Because many homeless people are drug users, and a significant proportion engage in homosexual sex to earn money for survival, they are particularly susceptible to AIDS. A number of health professionals in cities like New York, San Francisco and Toronto believe that this illness could soon reach epidemic proportions among the homeless population.

Several organizations exist to support AIDS sufferers: Toronto, for example, has the AIDS Committee, the Persons With AIDS Foundation, the Casey House (a hospice for AIDS patients), an AIDS drop-in centre, the Haemophilia Foundation, and outreach programmes in the schools.

However, public education remains a significant obstacle. "With almost every individual who has AIDS," according to Dr. Philip Berger, an AIDS specialist in Toronto, "there is a horror story about being shunned by friends, families and lovers, about losing jobs, about being evicted from apartments." The AIDS caseload is doubling every four months. There are now more than 40 thousand reported cases in North America. AIDS victims usually die within 10 months of diagnosis and rarely live longer than three years. The highest incidence groups are homosexual or bisexual men, haemophiliacs and intravenous drug users.

ALCOHOLISM AND DRUG DEPENDENCY

Several of the health problems cited above are aggravated by chronic alcohol abuse or drug dependency. It is estimated that 33 to 40 percent of homeless adults are chronic substance abusers, primarily of alcohol, as compared with 10 percent in the population at large.

Homeless people who abuse alcohol tend to be male, white and elderly, and they have high rates of poor physical, mental and social health. A study conducted in New York concluded that:

> Neurological disorders are about 3 times more common among problem drinkers than among non-drinkers; gastro-intestinal disorders, about 2 times more common; hepatic diseases and disorders, some four to five times more common; and trauma, some two to three times more common (Wright et al., 1985, p. 92).

The profile of drug abusers is different from those with alcohol problems. About 13 percent of homeless adults abuse drugs. The rate is highest among young black men, followed by Hispanic men, then by black women, and then by white men. Among those who abuse drugs regularly, there is a high incidence of liver disease, AIDS, venereal disease, skin ailments, bruises, lacerations and injuries resulting from violence (Wright and Weber, 1987, pp. 74-76).

PHYSICAL AND SEXUAL ASSAULT

Life on the streets is violent. Physical assault and muggings are common. These incidents often precipitate other health problems. Women and young people are extremely vulnerable. Homeless women often suffer from trauma. The rate of sexual assault in this population is 20 times higher than for women in general (Kelly, 1985).

ACCESS TO SERVICES

It is now generally acknowledged that poor people in general, and the homeless in particular, have difficulty in obtaining access to adequate care. Their health, as a result, suffers. In November 1987, the Canadian Health and Welfare Minister recognized that "we don't have any equity in terms of healthfulness" between rich and poor (Breckenridge, 1987).

In Toronto, there is considerable concern about the poor health of the homeless. Recently, the city's board of health provided funds to continue the work of Streethealth, an informal nursing service that operates from a downtown shelter to give care and to provide access to hospitals for homeless individuals.

Similar concerns about inequality have been voiced in Britain, particularly in the wake of the Black Report (1980), which measured health trends by comparing mortality risk in three segments of the population (Black Report, 1980). An example of a recent study was one conducted in Bristol, which

concluded that poor health is significantly correlated with deprivation (Townsend, Simpson and Tibbs, 1985, p. 662).

One indicator of the degree of commitment to health care for all is the extent of public expenditures in this field. Government funding represents 92 percent of all health spending in the U.K., 75 percent in Canada, but only 42.7 percent in the U.S. (1975 figures). In 1982, health expenditures by government represented 5.9 percent of all public spending in Canada, 5 percent in Britain and 4.5 percent in the United States (Navarro, 1985).

EXEMPLARY PROJECTS

While most agree on the need for immediate food, clothing and shelter provision, there is no consensus about long-term solutions. Too little attention has been given to creative programme development. The following is a brief description of several projects which have been successfully initiated in Britain, the United States and Canada to address various aspects of the homelessness issue.

ADVOCACY AND INFORMATION PROJECTS

In order to overcome their lack of power within the system, it is essential for the homeless and potentially homeless to have access to information about relevant services. In the interest of self-preservation, homeless persons must know with whom to deal and how to manipulate the housing, health and welfare bureaucracies in order to secure their entitlements. Housing aid centres, located in all major British cities, provide these essential advocacy and information services. Principal among a plethora of small organizations is SHAC (The London Housing Aid Centre). It offers advice and assistance to the homeless, and helps to focus national attention on housing and related issues by lobbying central and local governments, by conducting research, and by publishing its findings. SHAC takes on 1,650 cases annually; of these, 30 percent—though previously rejected for public housing aid—are eventually accepted by local councils as a result of SHAC's intervention. In the case of elderly persons, almost half are ultimately accepted by the boroughs following SHAC's appeals (Conway and Kemp, 1985).

Other groups, like MIND, the National Institute of Mental Health Housing Unit, perform similar advocacy functions on behalf of people with mental illness. MIND's principal method is to provide assistance and training programmes to agencies managing or developing accommodation; this advice relates to finance, legislation, support services, resident selection, space layout, and residents' rights. In 1987, MIND launched a campaign—"A Better Life"—for local mental health care. Its manifesto calls for action from government, from the voluntary sector, and from service users to recognize that mental illness

should not be a barrier to the enjoyment of the full rights and responsibilities of citizenship. Staff members are particularly concerned with people who have been, or are soon to be, deinstitutionalized without proper housing and community supports. Too often, hospital closures are not matched by the creation of adequate community care facilities. Instead, people are shunted off to nursing and boarding homes. Through advocacy and education, MIND hopes to change this pattern (MIND, 1987).

EDUCATION PROGRAMMES

Since 1981, the Housing Support Team, working in the London districts of Lambeth and Elephant and Castle, has been operating training programmes for homeless individuals about to move from DHSS resettlement units or hostels into conventional housing. Recently, it expanded these programmes to include staff members within the referral and other service agencies to enable them to provide more effective advice for people preparing to be rehoused. During the past year, over 300 people completed training, usually a three-day course, which covered the following: DHSS procedures and benefits; budgeting, banking and saving; establishing links with a new community; and setting up housekeeping. The underlying principle of these efforts is to involve homeless individuals in shaping their own futures (Housing Support Team, 1987).

PERMANENT HOUSING

It is generally agreed that one of the basic needs of homeless persons is for secure accommodation. Moreover, it is important for people to have a stake in the planning, design, rehabilitation and/or management of their own housing. The following three projects have been pursuing such goals.

The Empty Property Unit, based in London, is a national, independently-funded project which brings vacant houses back into use. By the end of 1987, approximately 16 thousand dwellings had been reactivated by self-help and short-life housing associations, which provide a legal mechanism for the use of units that have been "borrowed" from their owners for one to five years. Owners are typically local authorities and large organizations like British Rail. Properties are licensed or leased to housing associations or co-operatives which are responsible for rent collection and management. This scheme has proven effective in housing the homeless; it is very popular with local authorities, which save money on bed-and-breakfast expenses, and, at the same time, are able to delegate responsibility for maintenance and heating of their vacant council houses (Fraser, 1986).

A different concept has evolved in Toronto, Canada's largest city, where rooming houses have virtually disappeared in the face of a booming real estate market. Homes First Society, a non-profit developer with charitable status, created a new 11-storey "rooming house in the sky" in the heart of

Toronto. The building has 17 self-contained apartments, each with four or five single bedrooms, as well as shared kitchen, dining and living rooms. Each apartment is run as a separate household with its own ground rules. Each floor has a different key and is accessible only by elevator from ground level. Funding is provided by the national housing agency, and operating subsidies are offered by the provincial government so that residents pay only 25 percent of their incomes for rent. Most residents pay $65 to $80 monthly rent as a result of a "deep subsidy" programme. Homes First, located close to Toronto's "skid row," is linked with various community service providers so that residents have reasonably easy access to transportation, health services, employment sources and community facilities.

Another project in downtown Toronto, the Fred Victor Mission, has been operating temporary lodging for single males for many years. Recently, after a long and painful self-examination, the mission determined that, because most men had nowhere else to go, they have become virtual permanent residents. Accordingly, Fred Victor has begun construction of an 86-unit permanent housing facility for its clients. This marks a major departure from the traditional mission and shelter model, which has been the mainstay of Canadian skid rows for decades (Housing Networking Project, 1987).

SELF-HELP HOUSING

John Turner, Walter Segal and others in Britain have been advocating self-built housing and community architecture for some time. Tangible evidence of the viability of this concept is available in the form of 14 houses in Lambeth which were built by residents under the sponsorship of IYSH and the Walter Segal Trust (IYSH, 1987).

A rural self-built project has been developed in Canada in Nova Scotia's Annapolis Valley, which has many extremely poor farm families who are not covered by minimum wage legislation. They live in small settlements in the hills on either side of the valley; the social problems of illiteracy, deprivation, overcrowding, ill health, and abuse are evident. In part, these problems are attributable to grossly inadequate housing. Typical structures are little more than shanties constructed of "found" materials. Many families live in converted school buses or trucks. Hearth Homes, a project of local residents, provides workshops on budgeting and maintenance, and has secured financing from the provincial government. As a result, 53 farm families have built their own homes. Units are wooden structures, built in 22 ft. by 26 ft. modules with water wells and self-contained septic systems; they rent for $350 per month. Residents will eventually be able to buy their own dwellings and will receive credit for previous rental payments (Interchurch Housing Society, 1987).

A number of similar ventures have been undertaken in poor areas of the United States. One of these, the Kentucky Mountain Development Corporation, serves as a vehicle for self-building of homes by farmers in the mountains of Appalachia (Kentucky Mountain Development Corporation, 1987).

PROGRAMS FOR WOMEN

In general, not much attention has been given to the particular needs of homeless and potentially homeless women. Often referred to as the "new homeless" or the "hidden homeless," they suffer from stress and other health problems as a result of being forced to live in abusive situations, or of having to move from one insecure dwelling to another. Housing choices for single women are particularly limited. They tend to be living on low incomes and cannot afford to buy a home or to rent one in the private sector. In Britain, female-headed, one-parent families represent a significant proportion of those homeless households which are placed in bed and breakfast accommodations. Because traditional hostels were typically limited to men, women's shelters are few in number; the ten largest in London, for example, are for men only.

Recently, several women's groups have been formed to assist those who are without homes or are at risk of becoming homeless. Some of the more progressive London boroughs (e.g., Camden and Greenwich) have formed Women's Units to provide assistance in securing housing, health care, benefits or counselling. Other local authorities have produced lists of women's shelters and information handbooks describing how and where to find help in locating shelter and obtaining health care and other services. A few private initiatives, like Homeless Action and Accommodation in London and Welsh Women's Aid in Cardiff, have been established. Some provide advice and counselling. Others run refuges for battered women and their children. In general, however, a great deal remains to be done in Britain to properly address the issue of homelessness and potentially homeless women.

In the United States and Canada, more attention has been given to this situation. Most large cities now have hostels for battered women, and many also have started to create transitional or second-stage housing which is integrated with the provision of health and community services. Prominent examples are the House of Ruth in Washington, DC, the Women's Institute for Housing and Economic Development in Boston, Transitional Housing for Battered Women in Austin, Texas, Mavis' Place in Vancouver, Nellie's in Toronto, and several homes in Halifax, Nova Scotia which are operated by the Association for Women's Residential Facilities.

PROGRAMS FOR YOUTH

Covenant House, a non-profit child-care agency specializing in the care of runaways, urban nomads and street kids, is located in several North American cities. These houses provide shelter, food, clothing, and a supportive environment for the "throwaway kids" of our society. The doors of Covenant House are open to anyone under the age of twenty-one who needs help. Most of these young people are on the street because they have no alternative. Virtually all suffer from some health problem, are subjected to chronic stress, and are frequently exposed to life-threatening situations. A substantial percentage of both boys and girls are the victims of sexual abuse. Others are escaping intolerable domestic situations. Many have simply been rejected by parents who no longer have room for them. Whatever the precipitating factor, most of the youths (of both sexes) who eventually enter Covenant House have been obliged to sell their bodies in order to survive in the city. Most are also involved in drug abuse or drug trafficking. One of the projects undertaken by Covenant House is a mobile health service to find and give support to young people on the streets. A van operates every night, all night, to help these youngsters to find accommodation and to connect them with health and community service networks (Ritter, 1987).

In the predominantly black area of Birmingham, U.K., the Handsworth Young Persons' Accommodation Committee was started in 1981 to provide interim housing for single homeless black offenders (ages 17-25) who were assigned to the law courts or were being discharged from penal institutions. HYPAC is predicated upon the assumption that black youths in the deprived inner city areas of Birmingham—which have double or triple the national unemployment rates—encounter more than housing difficulties. The organization represents young people with community agencies, acts as a go-between with the parole service, and helps to ensure that clients are provided with proper access to the health and welfare bureaucracies (National Association for the Care and Resettlement of Offenders, 1987).

In London, innovative projects have been developed by the voluntary sector to deal with homeless young people (Saunders, 1986). These include the Hungerford Drug Project, which is a street-based agency conducting outreach work and counselling with young drug users. A similar undertaking is the Kaleidoscope Youth and Community project, which serves as the drug dependency unit for southwest London, and operates an all-night youth club, a hostel, and medical and educational facilities.

OUTREACH PROGRAMS

A key concern for homeless persons is to obtain access to health care. Some fail to secure proper service because they are rejected by health and welfare workers on the basis of their appearance or their behaviour. Others cannot obtain benefits to which they are nominally entitled because they lack a fixed address.

The latter problem is being dealt with by a number of different group home schemes. But it is clear that more than shelter is required, and in order to address the problem of lack of access, a few outreach programmes have been developed to assist those in greatest need. Streethealth, for example, is an organization of nurses who have volunteered their services during their off-hours to provide health care for street people in Toronto. Similar groups have developed in Boston, Philadelphia, Washington and other American cities to provide basic health services and referrals for residents of emergency shelters (Brickner, 1985, pp. 291-332). In 19 cities throughout the United States, health care projects directed at homeless people have been developed as a result of grants ($25 million) from two private groups, the Pew Memorial Trust and the Robert Wood Johnson Foundation (Levine and Stockdill, 1986). All of these projects are designed to make health care and services accessible to homeless persons. In Chicago, for instance, the foundation grants have been used to establish mobile teams. Each consists of a physician, clinical nurse, social worker and two outreach staff people. One team operates during the day, the other in the evening. San Francisco has a similar mobile health team model, which has been enhanced with the addition of mental health workers backed up by a psychiatrist.

In Britain, there is some evidence of discrimination on the part of general medical practitioners against registering single homeless people. Often the process starts with receptionists, the first point of contact with the medical care establishment. This pattern may continue with indifferent treatment by the GP. Such reactions are based upon stereotypes of the homeless individuals, their lifestyles, their appearance, or the address of a known hostel. In many cases, doctors have simply asserted that their "lists are full," but have subsequently taken on new patients who did not give hostel addresses.

An exception to this pattern is the East London Homeless Health Project, which provides a primary health care team to meet the needs of homeless people, particularly those with no fixed address. A salaried general practitioner works with a community Psychiatric Nurse, a District Nurse, and an Administrator. They also have access to a part-time Alcohol Counsellor. The project has received a three-year funding grant from the Department of Health and Social Services (East London Homeless Health Project, 1987).

One of the project's aims is to encourage registration with GPs, and to improve the involvement of medical professionals with local hostels and other residential establishments. Initial results are not terribly encouraging, as it is necessary to overcome substantial long-standing barriers erected by both sides—both the homeless and the members of the medical establishment.

A similar project started up recently in Bloomsbury with the objective of improving access for local homeless people to the medical establishment. To date, however, very few GPs have evidenced a willingness to provide such services.

CONCLUSIONS

Programmes dealing with the homeless population of Britain are predicated upon the long-accepted concept of "housing as a right" as well as a network of related social services. Without this "safety net" and without a government policy of providing permanent housing for low-income households, it is difficult to come to grips with the long-term concerns of those who are homeless. It is also necessary to improve the delivery of existing services, to inform homeless individuals of their rights, and to provide them with information on how they can deal with the welfare bureaucracy. Advocacy is crucial to ensure that the homeless population becomes an active political constituency.

This review of programmes in these countries underscores the importance of the safety net of social services, as well as the necessity of a national health system which is free to low-income people. It also points out a problem which is found in all three countries: accessibility of services. Homeless persons find it extremely difficult, without a fixed address, to gain entrance to the health-care system. Because they lack the resources to maintain personal hygiene, and perhaps because they may not appear terribly attractive, these people find that doctors and nurses are reluctant to treat them. People in emergency rooms are often unreceptive, and transients are frequently treated as abusers of the benefits system. Moreover, many would argue that the notion of a safety net which catches people *after* they fall over the precipice is a matter of "too little, too late."

It is urgent, too, that the current emphasis on "special needs groups" in projects for the homeless be critically examined. This approach has two unfortunate consequences: first, public officials tend to limit programmes and funding to those with "special needs" such as those with physical or mental disabilities; second, when qualification for benefits is predicated upon illness, alcoholism or drug dependency, then individuals tend to adopt the behaviour patterns necessary to secure their admittance. Moreover, once admitted, they must remain "ill" or they will be forced to move on. There is no incentive to recover.

In each of the three countries examined, problems vary from region to region, from city to city, and from neighbourhood to neighbourhood. Accordingly, locally devised programmes are most appropriate. Yet, because homelessness is also a nationwide concern, the federal (or central) government must be involved and must provide sufficient funding on a continuing basis to assure permanent solutions. This is not to say that massive funding will cause the problem to disappear; rather, it must be recognized that the issues associated with homelessness are of such magnitude that long-term programmes are essential to achieve any meaningful degree of success. The experience of New York, now spending over a quarter

of a billion dollars annually on shelters and welfare hotels, dramatically illustrates the futility of programmes limited to emergency shelter. As soon as beds are added, more homeless individuals join the queue.

The problems underlying homelessness represent institutional failures on a massive scale. Much of the homelessness dilemma is a reflection of urban economic development trends. Although not a new issue, it has dramatically increased in severity in all three countries since 1980. The traditional response to homelessness, then, requires critical rethinking. Governments and certain charitable organizations have been inclined to do things *for* the homeless, whereas many of the homeless individuals stress that they are a resource unto themselves. They want to be involved in building their own housing. The concept of co-operative or self-help housing should, then, be fully exploited as it represents a rare congruity among homeless people, liberal advocacy groups, and conservative governments.

A diverse mix of programmes, provided or funded by an array of public and private organizations, is required to address the variety of issues grouped under the broad heading of homelessness. It is important to broaden the definition of homelessness, not just statutorily, but also with respect to the scope, type and delivery mechanisms of services offered. We must recognize that homelessness means more than simply the absence of shelter.

NOTES

1. A parallel, though minimal, emergency food and shelter programme is being run by the Federal Emergency Management Agency.

2. HUD now has a programme which provides grants or loans to states, local governments or non-profit organizations for emergency and transitional shelters (Homeless Housing Act of 1986, enacted October 18, 1986).

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HOMELESSNESS IN CANADA: COMMENTS ON THE FINDINGS OF THE INQUIRY CONDUCTED BY THE CANADIAN COUNCIL ON SOCIAL DEVELOPMENT (CCSD)

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INTRODUCTION

The many studies, conferences, and media reports motivated by the International Year of Shelter for the Homeless (IYSH) in 1987 drew attention to the fact that even in this wealthy country, people can be, and are, homeless. People can become absolutely homeless as a result of:

- natural disasters such as fire, floods or tornadoes;
- eviction (this includes people thrown out of their family homes, people evicted from rental housing, and people who are evicted from their homes or farms by mortgage foreclosure); or
- domestic violence.

According to the broader United Nations definition of homelessness, however, people can also be considered homeless if their dwelling does not meet basic standards for physical adequacy, affordability, security of person and tenure, and accessibility to services. Thus, people living in housing where the plumbing does not work, the roof leaks, or the insulation and heating systems are woefully inadequate, and those who are far from schools, health care and employment opportunities, are, by this definition, homeless.

In the fall of 1986, the Canadian Council on Social Development (CCSD), with financial assistance from the Canada Mortgage and Housing Corporation, undertook a National Inquiry on Homelessness in Canada. The Inquiry included a "Snapshot Survey" of agencies providing services for those in need of temporary and emergency shelter, followed by workshops and conferences in every province and territory to address the issues related to homelessness. This paper highlights some of the statistics and central ideas raised by the National Inquiry.

THE SNAPSHOT SURVEY

The snapshot survey indicated that at least 8,000 Canadians slept in temporary and emergency shelters on the night of January 22, 1987. Even more startling is the fact that over the course of 1986, 100,000 or more people needed to use those shelters.

From the National Survey, the CCSD estimates that 16 to 20 percent of all emergency shelter spaces are occupied by family groups, or roughly 1,500 to 2,000 family persons on any given night. The survey, however, was not able to estimate the number of individuals temporarily housed in hotels where no shelter facilities are available, nor the number who temporarily stay with relatives or friends.

But the numbers are only part of the story. In even the best of shelters, forced association with strangers, lack of privacy, and regulations that are part of shelter-living result in stress, health problems, and behaviour problems. Children are particularly affected, as their schooling is disrupted, and they find it difficult to establish and maintain familiar routines that provide a sense of stability. Most people, particularly families, want to move to a permanent home as quickly as possible, but their efforts to find a decent place are frustrated by a severe shortage of private-market housing that they can afford and long waiting lists for subsidized housing. In some jurisdictions, families in emergency shelters are given priority for subsidized housing, but the wait for a unit to become vacant can still be several months.

THE ISSUES AND THE ACTION

Social reformers across the country are convinced that homelessness in Canada is a consequence of:

- social policies that perpetuate or do little to alleviate poverty;
- deinstitutionalization of psychiatric patients without adequate community support; and
- a serious shortage of affordable housing resulting from housing policies that place unrealistic faith in the ability and willingness of the private market to serve the poor.

POVERTY

Many will agree that both low-income earners and people on social assistance experience difficulty in their search for adequate housing. Many who rent housing in the private market spend half or even three-quarters of their meagre incomes on housing, leaving very little for food and other essentials.

Participants in the New Brunswick conference on homelessness held in conjunction with the CCSD's National Inquiry engaged in a short exercise to illustrate the choices faced by a household that earns the minimum wage. The case consisted of a two-parent, two-child family where one parent would be employed at minimum wage and working a 40-hour week. Participants assumed that the family would be living in a private-market apartment for which the monthly rent was $400, and then calculated the family's income and expenditures.

Deductions and living expenses would leave the family with $171 to spend on all other expenses, including food, clothing and transportation.

Gross Income (160 hours/month x $4.00)		$640.00
Family Allowance		63.00
Deductions (CPP + UI + Income Tax)	-32.00	
Net Income		$671.00
Rent	$400.00	
Utilities (Telephone, Electricity, Heat)	100.00	
Food, Clothing, Transportation, Other		171.00

The Umbrella Tenants Association in St. John's, Newfoundland (1987) argues that the situation is not much better for people living in subsidized housing, whose rent is calculated at 25 percent of gross household income.

> We would like to briefly summarize the situation of most families with low incomes who live in public housing. Some families are small with 1 to 2 children but the vast majority of families have 4 to 5 children. The family income earner is usually of a low income status whose gross earnings per week amount to as little as $200.00, sometimes even less. After the $50.00 rent is deducted (25 percent of $200.00), as well as deduction for income tax, UIC, Canada Pension Plan, school tax, a family is left with little to cover light and heat, telephone, food, clothing and all the other expenses a family might have. Most of these families are not eligible to be subsidized by Social Services because they earn too much over the required criteria. Most of the families living in public housing are very poor. Their children are seldom accustomed to receiving three meals a day. One often wonders how these families survive their circumstances and despair.

The number of families potentially in this situation is staggering. David Ross, a policy associate with CCSD, estimated that in 1984, there were 972 thousand families with incomes below the official Statistics Canada poverty line, 26 percent of which (252,720 families) were headed by a person who was employed year-round. These families constitute the "working poor," those struggling for survival but not eligible for help from social assistance because their income is "too high." All those receiving social assistance recipients have incomes below official poverty lines.

DEINSTITUTIONALIZATION

Another policy area which has had a profound effect on homelessness in Canada is deinstitutionalization, particularly of psychiatric patients. This structural change in the health care system, namely,

sending people out of institutions to live without adequate community support programs, has caused many people to live on the streets, in and out of shelters, and in grossly inadequate housing.

Our survey found that at least 20 percent of shelter users were current or former psychiatric patients. Because many shelters do not record user information, the actual proportion could be 40 percent. Many such patients have histories of violence. Most shelters do not have adequate staffing to deal with their special needs. Sometimes, a shelter must bar people who pose a risk to others. When that happens, the individual is left with virtually no alternative to the street.

Informed people in all jurisdictions say that the only solution is to acknowledge the need for adequately funded support services, either linked to or separate from secure, affordable housing. To delay will only increase the social and monetary costs.

LACK OF AFFORDABLE HOUSING

According to Statistics Canada, there were over nine million dwelling units (apartments and houses) in Canada in 1986, which averages one unit for every 2.7 Canadians. The average annual addition to the supply of private-sector, permanent housing is two to three percent. However, as older units are demolished, abandoned or renovated and improved, there is a continuously shrinking supply of units at the end of the price scale.

Even when housing markets function well, there are some people whose incomes are too low to afford the rent a landlord must charge in order to maintain the property and make a profit. Others have special needs that the market does not address. To meet these needs, all levels of government have designed and delivered a variety of housing programs that offer subsidies to decrease the cost for the user.

The stock of government-subsidized housing is estimated by Canada Mortgage and Housing Corporation to be approximately 500 thousand units, or roughly five percent of the total stock of housing. This figure includes housing for families and for seniors. The ratio of subsidized housing units to private-market units has historically been kept low in Canada because governments are reluctant to appear as competitors to the private market.

To sense the magnitude of the need for low-cost housing unmet by subsidized housing, we can compare the number (500 thousand) of subsidized housing units with the estimates of the number of people living in poverty. As stated previously, CCSD estimates that, in 1984, there were 972 thousand families, in addition to 1,025,000 unattached individuals, living in poverty.

WHO IS RESPONSIBLE?

Although homelessness has recently been highlighted as a social issue, it is not a new phenomenon. The problem, however, is escalating as governments, faced with high deficits and growing welfare rolls, look for ways to cut costs. In some jurisdictions, they have cut welfare benefits and support services. In others, they have reduced already severely limited funding for social housing. The responsibility for helping the disadvantaged is steadily being shifted back to communities to charities and benevolent individuals.

The shift of focus and responsibility to communities does have positive implications. Some of the most satisfactory solutions to housing problems have been developed by communities in response to local needs. Numerous recommendations to the CCDS's inquiry articulated the need to include the homeless in devising and developing their own solutions. Other recommendations stressed the need for human-skills and community development as part of the long-term solution to homelessness. Both are most effectively accomplished at the community level, but require financial and technical support beyond the resources of most communities.

Thus, an honest effort to deal with homelessness in Canada requires government support. Using our tax dollars to ensure that the basic needs for shelter and food are met for all our citizens is the best long-term investment our governments can make.